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PROVINCIAL

MEDICAL JOURNAL,

AND

RETROSPECT OF THE MEDICAL SCIENCES.

EDITED BY

DR. HENNIS GREEN AND DR. STREETEN.

VOL. VI.

LONDON:
HENRY RENSHAW,
MEDICAL BOOKSELLER AND PUBLISHER, 356, STRAND.
1843.

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PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 131.] LONDON, SATURDAY, APRIL 1, 1843. [PRICE SIXPENCE.
Stamped Edition Sevenpence.

CLINICAL LECTURES ON SYPHILITIC DISEASES,

DELIVERED AT THE QUEEN'S CLINICAL HOSPITAL, BIRMINGHAM.

By Langston Parker, Esq.,
Surgeon to the Queen's Hospital, &c.

Lecture II.

ON PRIMARY VENEREAL DISEASES, CHARACTERISED BY ULCERATION.

Gentlemen,—In our last lecture we considered that class of primary venereal diseases which were characterised by discharges; in the present I intend to draw your attention to those primary venereal diseases which are marked by ulceration. This is syphilis, properly so called, and I include under this division all ulcers which are the result of impure or suspicious cohabitation. All primary ulcers of this character are liable to be accompanied or succeeded by a class of diseases, which are chiefly the result of inflammation, modified by the peculiar anatomical organisation of the parts in which the inflammation is seated. These diseases are phymosis, paraphymosis, bubo, and inflammation of the penis.

The accompanying diseases to which I have just alluded are for the most part local, and depend altogether upon the causes just mentioned. The only accompanying symptom of the primary venereal sore likely to produce a constitutional taint is the true virulent bubo, which results not from simple inflammation and suppuration of a gland, but from the absorption of the venereal virus itself.

Primary venereal ulcers are again succeeded by other symptoms, which are termed constitutional. These affect the skin, the throat, the eyes, the bones, and the glands. One great object of the treatment of the primary symptoms is to lessen the probability, or altogether to prevent the occurrence, of the secondary or constitutional.

All primary venereal ulcers do not present the same aspect, or character, and in this respect differ very materially from each other. Scarcely any two modern authors agree in their classification of primary venereal ulcers; I shall, therefore, speak of them to you entirely in reference to their pathological character. Under this point of view primary sores resolve themselves naturally into a few species. These are—1st, the simple primary ulcer, characterised rather by its negative than positive characters—*i. e.*, by the absence of induration, irritability, or inflammation; 2nd, the irritable; 3rd, those characterised by an excess of inflammatory action; 4th, the indurated or true Hunterian chancre, the induration being a primary feature of the sore, and not being produced by the injudicious use of local stimulating dressings, by which any primary venereal ulcer may be made to assume the indurated character; 5th, those spreading by rapid ulceration, or covered by sloughs of various colour and appearance;—these varieties being the ulcerative or sloughing phagedœna of authors.

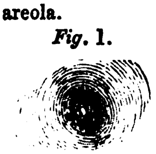
There is a great variety in the situation of primary venereal ulcers as well as in their appearance. For instance, in the male we find them situated on the glans penis, the under surface of the prepuce, in the urethra to a variable extent downwards, on the common skin of the penis, and upon the tongue. Ricord has also shown that the virus may penetrate to, and produce primary sores in, the bladder itself. (See the first and second cases, with the illustrative plate No. 8, of this author's "Clinique Iconographique de l'Hôpital des Veneriens.")

In the female we find these sores in the genito-crural fold, on the labia majora, the nymphæ, the folds of mucous membrane surrounding the clitoris, the vagina in its whole length, and the mouth and neck of the uterus.

The primary venereal ulcer is termed specific, because it is a sore *sui generis*, produced by a morbid poison, and may be propagated by inoculation.

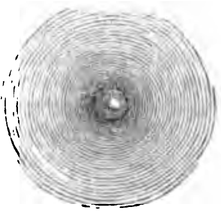
If the secretion from the surface of a primary venereal ulcer be taken during the period of ulceration, and introduced under the epidermis by means of a lancet, it produces the following effects:—During the first four-and-twenty hours (fig. 1) the puncture becomes more or less inflamed; from the second to the third day it is accompanied with slight tumefaction, and presents the appearance of a small papule, surrounded by a red areola.

Fig. 1.



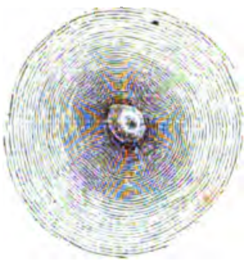
From the third to the fourth day (fig. 2) the disease assumes a vesicular form, the epidermus being raised by a fluid more or less opaque, presenting at its apex a small dark point.

Fig. 2.



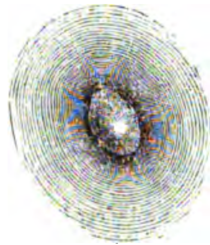
From the fourth to the fifth day (fig. 3) the contents of the vesicle become purulent, the apex of the pustule depressed, resembling very much the pustule of small pox. At this period the areola, which had progressively increased, begins to diminish or altogether disappear, particularly if the disease does not increase.

Fig. 3.



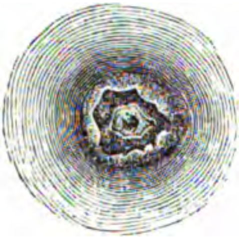
After the fifth day (fig. 4) the surrounding and subjacent tissues, which hitherto had undergone little or no modification, or were merely slightly œdematous, become indurated by the extravasation of a plastic lymph, which communicates to the touch the resistance and elasticity of cartilage.

Fig. 4.



After the sixth day (fig. 5) the contents of the pustule thicken, the pustule itself shrivels up, and is covered with crusts. These enlarge toward their base, and, forming by successive strata, assume the form of a truncated cone with a depressed apex. If these crusts are detached, or if they fall off, we find under them an ulcer with the hard base, of which we have spoken, extending through the whole thickness of the skin.

Fig. 5.



The surface of this ulcer, of a deep red color, is foul, covered with a thick adhesive, pultaceous matter, almost like a false membrane, which cannot be removed by any attempt to clean the sore. The edges of the ulcer at this period appear as though they had been dug out from the surrounding parts by a sharp instrument. The immediate vicinity of the sore is surrounded by a red, dark, or livid margin, more elevated than the surrounding parts. (See Parker, The Modern Treatment of Syphilitic Diseases, pp. 31, 32.)

Such is the regular course which inoculation generally takes when a primary venereal ulcer is thus tested. In other instances the pustules do not run through this regular course; the tumefaction of the surrounding tissues sometimes commences earlier; the pustules are irregular in shape, size, color, and mode of progression; little gangrenous eschars appear on the third or fourth day, and, becoming detached, leave ulcers, which, however, are of very characteristic appearance.

It must not be supposed that all ulcers which are the result of impure cohabitation, and which appear on the organs of generation, are capable of being propagated by inoculation; they are not so. There can be no doubt but that all which are thus capable of being propagated are truly syphilitic; but many other varieties, which do not produce a characteristic pustule by inoculation, are liable to be followed by a train of consecutive and constitutional symptoms, in no respect different from those which succeed the ulcer capable of being propagated in the way I have mentioned.

Venereal ulcers, it must be recollected, are in the commencement purely local diseases, resulting from the application of a morbid poison to the skin or mucous membrane, and the risk of constitutional infection is generally to be feared in the direct ratio with the time a primary venereal sore remains open. Hence it becomes necessary to attempt the destruction of a chancre at the very earliest period that it is presented to our notice.

A chancre, when first presented to the notice of the surgeon, is generally in one of two states—either in that of a small pustule with its contents yet undischarged, or a minute ulcer. In whatever state it may be, our first duty is to endeavour, by the use of escharotics, to convert the specific sore into a simple one. For this purpose you will find most authors recommending either a strong solution of the nitrate of silver, or the application of this caustic in substance.

When the nitrate of silver is used, if the disease be pustular, it will be necessary to open the pustule with the point of a lancet, to discharge its contents, and rub the whole surface and edges of the ulcer thus produced with the nitrate of silver previously cut to a sharp point; if the disease be an open ulcer it is to be treated in the same way.

The nitrate of silver thus applied will sometimes have the effect of producing a simple sore, but it will more commonly give rise to considerable irritation and inflammation, whilst the specific character of the sore is not destroyed. I have seen so much evil, in this respect, from the use of this escharotic, that I have now abandoned its use under such circumstances, and have recourse to other caustics of a more powerful character.

The great evil in the use of the nitrate of silver in these cases is, that it is powerful enough to irritate but not sufficiently powerful to destroy. We want a remedy that will at once disorganise the tissue to a depth coequal with that of the chancre. For this purpose I now employ several remedies: highly concentrated nitric acid, the acid nitrate of mercury, the acid nitrate of silver, or the potassa cum calce of the London Pharmacopœia. The second of these remedies is made by dissolving a drachm of the subnitrate of mercury in an ounce of nitric acid; the third by dissolving the same quantity of the nitrate of silver in the like quantity of acid.

When it is determined to destroy a primary venereal ulcer with any of the three first caustics, a camel-hair pencil must be dipped in them, and the surface and edges of the sore pencilled thickly over; if the acid be sufficiently concentrated, the whole surfaces touched are at once destroyed, and converted into a yellow eschar, which, on separating, generally leaves a clean simple sore underneath.

When the potassa cum calce is employed, which is the most certain of all the remedies I have mentioned, it must be made into a paste of moderate consistency with spirits of wine, at the time it is wanted for use, and the sore and its edges covered with it. When it has been on a few seconds, a smart burning pain is felt, which continues to increase as long as the caustic is suffered to remain on, which it should be from half a minute to a minute, or even longer, according to the effects produced. After this the caustic must be all removed by means of a fine bone spatula, and the black eschar left may be covered with a poultice, a cold saturnine lotion, or fine, soft, dry lint. The pain soon subsides after the caustic has been removed, and in about half an hour the patient is generally pretty comfortable. The aggregate amount of pain produced by the application of this remedy is not as great as that by the nitrate of silver, whilst the effect of the potassa cum calce is certain; all the parts touched by it are at once destroyed, and, on the separation of the eschar, we have a clean granulating sore left, which commonly heals with great rapidity, particularly if the ulcer be a recent one.

Of all the means hitherto recommended for the destruction of a primary venereal sore, none are equal to this. The effect is instant and certain, and the benefit to the patient incalculable. You have had so many opportunities of observing the beneficial effects of the application of this remedy in the hospital, not only in syphilitic diseases but in foul ulcers of other kinds, that it is useless insisting more upon its utility here.

Whenever, then, a primary venereal sore is presented to us, unless there be some special contraindication in its situation, &c., it should be immediately destroyed after the manner laid down. If the sore be recent—*i. e.*, of few days standing—it is very probable we may eradicate the disease at once; the constitution may not as yet have become infected. In other instances it will become a matter of consideration whether any constitutional treatment, and what kind, should be adopted during the healing of the sore produced by the caustic. A poultice is the most convenient and best application during the time the eschar is separating, if the patient can rest, which should always be urged upon him as an essential point, if it can possibly be managed. The moment the eschar begins to be detached, and a secreting surface is exposed, the poultice must be done away with and other remedies employed. Of these, weak lotions are the best. I employ weak solutions of the nitrate of silver, acetate or sulphate of copper, alum, or zinc, or tannin in port wine, in the proportions of about two drachms of the former to six ounces of the latter.

There are certain conditions of primary venereal ulcers which contraindicate the use of the caustic in the first instance. If an ulcer of this kind produce violent inflammation of the penis, this must be reduced by a proper general treatment before we have recourse to these remedies, which may be used after the inflammation has been subdued, if the sore be foul, and stationary, and show no disposition to heal.

The situation of a primary venereal sore frequently altogether prevents the use of the remedies in question; for instance, chancre situated under the prepuce, and producing complete or partial phymosis.

In such cases there is generally more or less inflammation or tumefaction of the penis, more or less discharge from the preputial opening, and a distinct hardness can be felt, tender to the touch. This hardness may be lesser or greater according to the size of the concealed sore; I have felt it extending from the prepuce, under the skin of the penis, down nearly to the pubes. It is almost useless, in such cases as these, to attempt the reduction of the inflammation of the penis by the ordinary means, which would succeed were the surface of the sore exposed and not so situated. It must be borne in mind that the *situation* of the sore produces and keeps up the inflammation, and the phymosis which is dependent upon it. If the inflammatory symptoms in such a case run very high, general bleeding, aperients, rest, fomentations, and low diet may be employed as preliminary measures, and we may succeed in subduing the inflammation more or less completely by these means. We must not, however, conceive that we have completely succeeded, unless we can reduce the phymosis, and expose the sore to view—the grand object towards which all our treatment should be directed.

These measures, then, in chancre, with inflammation of the penis and phymosis, may, and perhaps must be, resorted to in the first instance; but if, after a reasonable time spent in their employ, the inflammation and tumefaction of the penis do not give way, and you cannot denude the glans, have recourse to the operation for the relief of the phymosis, and instantly pencil over the surface of the sore then exposed with one of the liquid caustics before recommended. By these means you will prevent the inoculation of the recently cut surfaces. The parts should then be covered with pledgets of lint soaked in port wine, rendered strongly astringent by tannin, and the whole enveloped in a poultice.

All primary venereal ulcers are attended, in the commencement, with more or less local inflammation, sometimes of so violent a character as to produce pretty smart symptomatic fever. Indeed, some of the most appalling results we witness, under circumstances of this kind, arise from the excess of local inflammation and the sloughing, rapid ulceration, or gangrene which is its result. We witnessed the effects of this in a marked degree in a patient of Mr. Knowles', in the hospital, where the whole prepuce had become gangrenous, and sloughed from the excess of local inflammation. The man was admitted in this state; he had an ordinary primary ulcer, and the mischief which had ensued was dependent entirely upon violent inflammation producing gangrene. In this case, also, although the swelling of the penis was very great, and the aspect of the whole sore truly frightful, it was remarkable how soon all the mischief subsided, when the patient was confined to bed, his bowels regulated, and very simple measures, as poultices and fomentations, employed.

I am convinced, from a very extensive experience in the treatment of syphilitic diseases, that many of the ill effects produced by primary sores are attributable to the want of a proper regimen on the part of the patient, and, perhaps, also to a want of sufficient directions on this point on the part of the surgeon.

Whenever a patient consults you with a primary venereal ulcer, particularly if it is the first from which he has ever suffered, point out to him in as strong terms as you can the necessity of his adhering rigidly to a very abstemious diet till the ulcer assumes a granulating condition; it is well, also, at this period, to administer repeatedly, for some few days, aperient medicine, and to insist on a total abstinence from malt liquor, wine, or spirits. If your patient, from circumstances, cannot lie by and rest altogether, press upon him the advantage of retiring early to bed—rest in bed being a most important auxiliary in the treatment of all forms of primary syphilis. It is very easy to regulate all these matters in the hospital; but in private practice, to which I am now more particularly referring, such means cannot always be adopted; and I am afraid their extreme importance and advantage are not always stated in as strong a manner as they should be to the patient.

Whether it be your intention to submit your patient ultimately to mercurial treatment or not, these preliminary cautions should never be omitted. Many of the evils attendant on mercurial courses are to be attributed to not preparing the patient by diet, rest, and aperients, for the administration of this medicine. I am far from subscribing to the tenets of those who treat syphilis systematically on what is termed the rational or simple plan without mercury; but I must bear so far testimony in favor of this school to say that they have conferred an immense advantage upon society by pointing out that diet, rest, simple dressings, and an antiphlogistic regimen, have a vast influence over the ravages produced by syphilis; and wherever you exhibit mercury for the cure of syphilis, more particularly its primary forms, let your concomitant measures relative to diet and regimen be these which the rational school teaches, and I have just laid down.

If you administer mercury for the cure of a primary venereal ulcer do not have recourse to it till your patient has been prepared to receive it by adopting, for some days, the regimen laid down, and till all inflammation produced by the action of the escharotics has subsided; you may then use it with every hope of realising its most beneficial effects. To throw it carelessly in without these precautions, under a vague impression that mercury is a specific for syphilis, is worse than injudicious; it is criminal, and cannot be too much censured. Let me tell you, Gentlemen, that there are no specifics except such as become so by their judicious employment.

One of the most common and unpleasant consequences of primary venereal sores is bubo, inflammation and enlargement, with or without suppuration, of one or more of the superficial or deep-seated set of the inguinal glands. Many causes will predispose a patient with a primary venereal sore to the occurrence of bubo. Amongst these may be mentioned a bad habit of body at the time of contracting the infection, a previous disposition to glandular enlargements, a scrofulous constitution or taint, full or high living, with errors or irregularities in diet; such predisposing causes may be termed general. There are others which we may denominate special—such are the long continuance of the primary ulcer in an indolent or ulcerating condition, the use of stimulating or irritating dressings, much exercise either on horseback or foot, and the absence of the suspensory bandage.

It is of vast importance to prevent the suppuration of a bubo, since matter once formed and evacuated is often succeeded by sinuses and troublesome ulcers, which are exceedingly tedious and difficult to cure. In hospital practice we can commonly succeed in dispersing a bubo, because we can make the patient do as we choose; but in private practice, where concealment is necessary, it becomes a more serious matter.

When, as a consequence of a primary venereal ulcer not yet healed, or just healed, we perceive enlargement with tenderness in the groin producing stiffness when the patient walks, we may be sure that a bubo is about to form. I would not recommend you at this period to follow the old-fashioned practice of applying leeches; it is a practice generally very unsatisfactory, rendering your cure long, uncertain, and tedious; you must insist upon a strict regimen on the part of your patient, and absolute rest, if possible. You may smear the part thickly over with mercurial ointment, over this a linseed or a bread poultice, cold, and a piece of oiled silk to keep it moist, confining all by a bandage. Pressure may also be made by the emp. ammoniaci c. hydrarg. spread on thick wash leather, the plaster to be placed lengthways parallel to the thigh, and not at right angles with it; this prevents the plaster getting displaced when the patient walks. The best means of all, however, is to paint over the enlarged gland night and morning with a strong solution of iodine in hydriodate of potass.

Iodine, one scruple;
Hydriodate of potass, two scruples;
Water, one ounce.

The effect of this is almost magical. In the intervals of the dressings pressure should be made by a pad and bandage. If the patient has not used mercury for the treatment of the primary sore, the dispersion of the bubo will be hastened by now administering it so as gently to affect the system—always presupposing that the patient is in a condition to bear mercury.

Should these means not succeed (which in a majority of instances they will), and suppuration appears inevitable, hasten it by all means in your power by warm poultices and fomentations.

When matter is ready to be discharged, a question of very great importance suggests itself—viz., how should this be done? Many surgeons open the abscess freely with the bistoury or lancet, whilst some prefer the potassa fusa for this purpose. I would not under ordinary circumstances recommend either of these methods.

When a bubo is ready to puncture, I would not advise you to open it by a free incision; for almost under every circumstance where this is practised, there is a quantity of integument in the edges, which will not unite with the granulating surface of the sore thus produced. By opening an abscess in this way the whole anterior wall of it is destroyed, and your cure must be performed by the cicatrisation of a granulating surface which springs from the floor or posterior wall of the abscess. Your great object is to evacuate the matter first, then to diminish the disposition to its reformation, and lastly to procure union of the two sides of the cavity. This may generally be done in the way I have adopted in the treatment of chronic abscesses in the Queen's Hospital, and which you have seen so successful in a great many instances. When a bubo is ready to be opened, you should not suffer the skin to become too thin; when you practise this method, with a fine lancet make several very small punctures over its thinnest part, perhaps six, eight, or ten, through these the matter will ooze out till the cavity of the abscess is empty. Through one of the punctures the point of a very small glass syringe may be introduced, and a very weak solution of the sulphate of zinc injected, in the proportions of two or three grains to the half pint of water. When the abscess is quite empty, place over it a large compress of lint, and use moderately tight pressure by means of a roller. In many instances, if you can keep your patient quiet for twenty-four hours, you will get either partial or total adhesion of the sides of the bubo, and a speedy cure will be the result; in other instances this may not be the case, but by the daily use of the injection through one of the punctures, which should be kept open for that purpose, you will succeed in a few days, in almost every case, in effecting a cure.

I generally employ for an injection in these cases the weak solution of sulphate of zinc. I have used also a weak solution of iodine in hydriodate of potass.

Iodine, four grains;
Hydriodate of potass, eight grains;
Water, eight ounces. An injection.

The injections must be varied in strength to suit the feelings of the patient, or a gentle warmth and slight irritation should be experienced, but violent pain on no account produced. Solutions of the sulphate, or acetate of copper, alum, port wine with tannin, may all be used; and if one does not succeed quickly, have recourse to another.

This, Gentlemen, is the best way of treating a suppurating bubo with which I am acquainted. I hope soon to lay before you and the profession generally a memoir on the treatment of chronic abscesses, after a similar manner.

After the numerous instances you have seen of foul, extensive, burrowing sores, in the hospital, which have been produced solely by laying buboes freely open, which sores have been for months in existence, you will be quite aware that some improvement is necessary in this branch of surgery. Ulcers, the result of bubo, with thick, hard, cartilaginous edges have been treated in the hospital by destroying the edges and the surface with the potassa cum calce. Sinuses, resulting from the same cause, have been laid open and their edges destroyed in this way, and in many cases, I may say in all, for I do not know of a failure, the cure, although comparatively tedious, has been satisfactory.

CASE OF MORBUS COXARIUS IN PROCESS OF CURE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As the opportunity does not frequently occur of examining the hip-joint during the process of reparation from so formidable an affection as the one referred to, I think the following case, which is detailed with all possible accuracy and faithfulness, will not prove devoid of interest to the generality of your readers.

Your obedient servant,
R. Hindle, M.B., Surgeon.
Sabden, Blackburn.

Joseph M., aged ten, of scrofulous constitution, had always enjoyed good health till he became engaged in an occupation which subjected him to much confinement within doors, soon after which he was observed to look paler, and have less relish for his food. His parents at this time began to notice a slight yielding or limping on the right side, which he attributed to a pain and soreness about the knee. Little attention, however, was paid to the occurrence, till nocturnal pains began to disturb his sleep at night, after which the lameness increased. The father now, having another son affected with the same disease, took the alarm, and brought him to me for examination on January 19, three weeks after they had first noticed the limping.

The case now was a clearly marked affection of the hip-joint, accompanied by all the usual symptoms. The tuberculous cachectic habit was very obvious, and he had lost all appetite for food.

Strict rest was enjoined, and the boy, being of a very tractable disposition, this was ensured without regular confinement to bed, so that when at ease he could sit in a chair, and participate in the amusements of his brothers and former play-mates.

Mr. Syme's favorite combination of rhubarb and sesquicarbonate of soda was first prescribed, soon followed by quinine, given three times a-day. Along with these, and regulated according to the increasing tone of the stomach, were ordered lightly boiled eggs, animal food, and generous malt liquor, all to be taken with well fermented bread. There being much complaint of pain in the knee at night, a few leeches and a blister were applied behind and below the trochanter major. The blister was used three times in rather quick succession over the same place, and after the third application, which caused much pain and soreness, the nocturnal pains never more returned. An improvement now took place in the constitution; digestion became good, and he began to acquire strength. In the course of the spring he was frequently out in the open air, using crutches to save the affected limb. During summer the improvement in every respect was most satisfactory, so much so, that towards the latter end of it he was wont to go, on errands for his mother, the distance of at least two miles, which he accomplished without fatigue, by the simple aid of a walking-stick. About the middle of October, whilst in the fields with a brother, he attempted to mount a horse (which act of itself is sufficient testimony to prove he had regained considerable confidence and power in the limb), and failing in accomplishing his purpose, he fell upon a projecting mass of earth, that bruised the middle third of the affected thigh. This accident caused much pain, and, of course, increased lameness, till, by diligent fomentation, and afterwards a blister, they were greatly subdued; but there always remained a hard swelling on the injured spot, and he never walked so easily afterwards, although free from any pain. In the middle of January, during very cold weather, he was seized with headache and dimness of sight, which, increasing and resisting all treatment, ended in a decided cerebral affection, of which he died in about three weeks.

I obtained leave to inspect the parts affected, and the following were the appearances exhibited:—The diseased limb was one inch and a half shorter than the other, inclined inwards, and slightly inverted; in other respects it appeared much as the sound limb. Before opening the cavity of the joint, nothing very unusual was noticeable, with the exception of greater vascularity of the anterior part of the capsular ligament, and the head of the bone being somewhat more conspicuous than usual, as if partially drawn out of the socket. The cervix femoris was joined to the shaft of the bone with an obliquity more nearly approaching the right angle than in the normal condition. On opening the capsular ligament, the first thing which attracted especial notice was the great vascularity of the synovial membrane, covered in many places, but by no means universally, with a pulpy kind of granulation, which admitted of being easily scraped off by the scalpel. The synovia was rather abundant in quantity, and tinged of a reddish color, which I attributed partly to frequent efforts having been made to ascertain the extent of motion of the limb previously to opening the capsular ligament, and the consequent rupture of some veins, which were rather numerous and large about the round ligament. On the anterior part of the head of the bone a small cavity or erosion, of sufficient size to admit the tip of the forefinger, was observable; it presented the appearance as if a piece of cartilage had been evenly scooped out with a knife; the edges were smooth and rather inclined, the circumference of the articular free surface being greater than of that attached to the bone beneath; the whole space was beautifully filled with pulpy granulations of a greyish color, which, on being traced, appeared to spring from the cellular substance of the subjacent bone.

On exploring further this spot, I found that a probe passed easily in the direction of the external part of the head of the bone, where another erosion was found, just on the line where the cartilage ceases to exist; the intervening superjacent cartilage was entire. The round ligament and connected parts were very vascular, and somewhat enlarged. The acetabulum presented at the point where the iliac portion meets with the pubic and ischiatic divisions, a third cavity of about the same size as the one first described; this was also filled with granulations, apparently springing, as in the former case, from the bottom of the erosion. The cotyloid cavity was wider and shallower than usual. No morbid discharge of any kind was found in or about the joint.

REMARKS.

Some diversity of opinion appears to exist as to the cause of the shortening of the limb, presented in most cases of hip-joint disease. When the head of the femur is found completely dislocated from the cotyloid cavity, and drawn upon the dorsum of the ileum, there can be little difficulty in accounting for the fact; but when, as in the present case, the bone occupies apparently its proper relative position in the socket, and there is still a shortening to the extent of very nearly one inch and a half, as ascertained in the present case, by careful admeasurement, more difficulty is incurred in satisfactorily resolving the question, and hence the contrariety of opinion which exists at the present day. If I might be permitted to venture an opinion from this single but carefully observed case, I should conclude that at least four different causes contributed to the result. 1st, an arrest of interstitial osseous development of the whole limb, or at least, a growth not keeping pace with the opposite limb, on which, under such circumstances, is imposed the chief labor of locomotion; 2ndly, a loss of substance in the head and neck of the bone, and a yielding of the parietes of the acetabulum; 3rdly, an alteration of the relative position of the neck of the bone with regard to the trochanter major, which latter appeared higher than normal; and, 4thly, the femur being firmly pulled up by muscular action into the upper, outer, and posterior part of the acetabulum, and there being constantly maintained during progression, in order to allow as little variety and extent of motion as possible, for the infirm limb in this patient was always kept anterior to the other, and slightly inverted. The limb during the first stage appeared really elongated, which it seems difficult to account for, unless we allow of muscular relaxation permitting the head of the bone to recede in some measure from the cotyloid cavity. As to the purpose intended to be effected by the granulations, it is extremely probable they would have ultimately secreted bony matter, and repaired the breaches of texture which had occurred, if life had been sufficiently prolonged. The case clearly shows that recovery from so serious an affection is very tedious. On first seeing the condition of the parts exposed, I could not avoid entertaining some doubts whether they were really in a state of reparation; but on reviewing the whole progress of the case, and finding no morbid secretions, it follows as a very legitimate conclusion that diseased action had been arrested a considerable time. A brother of this patient, who is now arrived at manhood, has suffered from the same affection, but in his case suppuration occurred in the adjacent textures, and his cure was proportionably tedious, and there is much more restriction in the movement of the joint.

A question of the greatest interest here arises—namely, how it should happen that constitutions which are eminently scrofulous should so frequently localise their depraved influence in the hip-joint, which is so highly favored and protected by muscular covering. We naturally inquire after some exciting cause, and although we are often told by patients that no injury, to the best of their recollection, was ever inflicted, yet, when we consider the small, pivot-like point, the head of the femur, on which the whole weight of the body must occasionally be received, it is not too speculative to believe that in most cases, at some unguarded moment of the surrounding muscles, this concentrated weight may contuse the articular structures, which are already prepared for disease, in such a manner that they cannot recover without undergoing the process of disorganisation; and yet the bruise, at the time of its occurrence, may be attended with so little pain as to attract no attention from the patient. There are various reasons which induce me to think that the disease in this case originated in the bones, but I fear to trespass far upon your pages.

As respects the treatment, little can be inferred from a single case, and I only feel warranted in remarking that, after the local pain was subdued by rest, leeches, and counter-irritation, and not till then, the constitutional amelioration became more clearly marked under the use of the generous diet and medicines previously specified; and it is, perhaps, unreasonable to expect any improvement from tonic treatment, while severe local pain is nightly harassing the system; and, therefore, the treatment will require to be varied according to the individual peculiarities presented by each case, at the same time not despising, but rather keeping steadfastly in view, a few of the leading and acknowledged general principles.

TREATMENT OF NEURALGIA BY INDIAN HEMP.

PHYSIOLOGY OF THE NERVES.

By Martin H. Lynch, M.D.

On Sunday, the 12th of March, I was requested to prescribe for B—— L——r, a female domestic, aged forty-eight years, of low stature, but active in body and mind, and of a cheerful disposition and temperate habits.

March 12. The patient labors under agonising pain of a "stabbing" character situated above and around the right orbit, but especially above it, where it darts from the superciliary notch in the direction of the branches of the supraorbital nerve. The patient herself, unprompted by any question or remark of mine, directs my attention to the point from which the pain shoots, placing her finger on the superciliary foramen. There is lachrymation and dimness of vision, also a hard swelling of considerable magnitude over the right malar bone. This tumor has arisen suddenly; there was not a trace of it yesterday.

The neuralgic pain is intermittent, commencing immediately after breakfast, and continuing for several hours; it began four or five days ago.

There is a sense of fulness and throbbing in the head; the urine is copious; the bowels are confined, and for some weeks have not been moved, except by purgatives; the appetite is pretty good, but for some time back she has felt her stomach heavy after meals, and has frequently had sour eructations. Her urine during the same period was scanty, high colored, and deposited a copious sediment. She occasionally observed a pink stain on the chamber vessel, and that the sediment was of a yellowish color. Along with the dyspeptic symptoms, she has suffered from dull, diffused headache; her periods are still regular.

During the last nineteen years her health has been excellent; has one healthy child eight years' old. Nineteen years ago she was a patient in the Hull Infirmary, under Dr. Alderson the elder, when she suffered for thirteen weeks from an affection almost the same as the present. The most excruciating pain shot from the left superciliary foramen up the temple and around the orbit, but there was also darting pain in the left ear, with complete deafness on that side. The pain was attended with lachrymation and dimness of vision. She says it was remarked by the medical men as curious that she could thread a needle with the right eye covered, provided she used glasses belonging to a woman "of eighty," but not without them. A short time before the neuralgia appeared she had fever, and during convalescence from it had several fits of hysterical convulsions. The neuralgia was ascribed to exposure for a considerable time to a cold wind. She was treated by cupping to the nape, purgatives, powerful counter-irritation, and medicines, the nature of which I have no means of ascertaining. Six leeches below the inner canthus; mixture of senna and magnesia to open the bowels freely.

13. The bowels have been freely moved; the bleeding from the leech-bites was maintained for two or three hours by means of fomentations; the swelling of the cheek has quite disappeared, but the neuralgic pain is as severe as ever, existing now, however, on the *left* side, where it shoots from the superciliary foramen; dimness of vision; lachrymation; right side free from pain. Purgative mixture to be taken this evening; forty-five drops of tincture of hemp resin (strength three grains to one drachm) to be taken each morning when the pain commences.

18. The tincture has been regularly taken; it has made her feel "a little light in the head," and produced intense itching around the orbits, and over the body and extremities, especially the lower; the itchiness around the orbits is referred to numerous close set points; elsewhere the points are distant; there is no eruption; the itchiness is very intense for several hours after taking the dose, but afterwards diminishes gradually, but is felt at distant points of the surface twenty hours after the administration of the medicine. During the two first days the neuralgia was singularly relieved after the medicine was taken; to-day, yesterday, and the day before, it has been altogether removed; dull headache, however, remains, such as she has long suffered from, and with it her dyspeptic symptoms. To discontinue all medicines.

21. The neuralgic pain has not returned. To use laxatives and the following mixture:—

Sesquicarbonate of soda, half an ounce;
Infusion of cascarilla, eleven ounces;
Syrup of orange-peel, one ounce. Two tablespoonfuls four times a-day.*

REMARKS.

Although neuralgia, as I believe, does not in all cases arise from disturbance of the digestive functions, there can be no doubt that in many cases it is thus produced, and that, when it has sprung from some other cause, it is nevertheless aggravated and protracted by derangements of the chylopoietic viscera. My patient had been for some time costive, had frequent sour eructations, and after meals "felt her stomach heavy." At the same time the urine was scanty, and deposited a sediment which consisted most probably of lithates. Under these circumstances I would have commenced the treatment with purgatives, tonics, and alkalies, were it not for my wish to try the effect of the hemp resin. Indeed, I would not have ordered the leeches and purgatives, did I not consider myself bound to guard against cerebral congestion, or perhaps an apoplectic seizure.

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* In the "Dublin Medical Press" of the 1st of March, a case of neuralgia of the face, thumb, and forearm, is related, which was promptly relieved by ten drops of the tincture of Indian hemp (strength one grain resin to ten drops) prescribed by Sir James Murray. At the present date (27th) my patient is altogether free from pain.

It is worthy of remark that the pain above the orbit darted from a single point, the superciliary foramen, but that the pain beneath the orbit, although equally of a darting character, did not shoot from the infraorbitar hole.

In the present attack the filaments affected with neuralgic pain all branched off after the passage of the nerves, through the superciliary and infraorbitar holes; the fifth nerve was not (as in the attack that occurred nineteen years ago) affected posteriorly to these foramina.

When the patient was in the Hull Infirmary, she labored under neuralgia of the frontal and infraorbital nerves, and also suffered from excruciating neuralgic pain of the ear, with deafness. This latter circumstance furnishes an interesting subject for speculation. Was the pain in the ear seated solely in the fifth nerve (the chorda tympani and its filaments), and did the deafness arise from some effect produced on the portio mollis or upon it and its portion of the cord, owing to the frequent inosculations of various branches of the fifth nerve with the portio dura of the seventh?

Did the disease of the chorda tympani (distributed as it is to the membrane lining the cavity of the tympanum and the muscles which give motion to the chain of bones connecting the membrana tympani and vestibule) give rise to the deafness merely by suspending the function of that nerve and the healthy action of the parts upon which it is spread, but without any morbid effect being produced on the acoustic nerve? The answer to this question should be affirmative, if we are fully to depend on the experimental accuracy of Magendie, who found that division of the fifth produced almost complete blindness—an extraordinary effect certainly, seeing that the part supplied by the fifth nerve—namely, the iris, seems to have no other function than to limit or increase the number of luminous rays that pass to the retina, being thus rather an accessory than an essential part of the organ of vision, and bearing a strong analogy to the middle ear, its bones, muscles, and membranes.

The anatomical works in ordinary use hardly notice the nerves that supply the little muscles of the tympanum, but in several it is stated that the internal muscle of the malleus and the stapedius are supplied with filaments from the facial and the chorda tympani; I conclude, therefore, that the remaining muscle is also supplied with a filament from each nerve. Does not this lead to the inference that the filaments of the fifth in the tympanum bear the same physiological relation to the branches of the facial distributed to the small muscles of that cavity, that the branches of the fifth in the face bear to the portio dura—the first being incident, the second reflex nerves?

If this be the case, the function of the fifth in the tympanum is very different from the function of the same nerve in the iris. It is supposed that the movements of the iris are excited by impressions on the retina, and not by any direct impressions on its own surface. I am not aware that this point has been investigated of late years, but such, I believe, is the general opinion—an opinion which would lead one to imagine that the ciliary nerves were solely of the reflex class (the correspondent incident fibres being found in the retina), although they in some degree resemble the fifth in the face, inasmuch as the lenticular ganglion receives a filament from the third (confessedly a nerve of the same class, physiologically speaking, as the portio dura). It must be borne in mind, however, that the connection is very different from the inosculation of the fifth and seventh in the face.

In the course of these remarks I have implied an opinion that muscular action is always produced by the seat of power in the spinal cord, which is the agent for determining mere reflex action, and also for causing voluntary motion. In explanation, I must observe, that in the "Lancet" for November 2, 1839, I published a paper to show that motion may either be excited by impressions made on the peripheral extremities conveyed to the cord, and producing an agency there which is only known by its effects, or that it may be determined by the will conveyed from the brain to the seat of power in the cord by the white fibres of the latter, which white fibres do not pass into the nerves, as Dr. M. Hall asserts. I have seen no reason for changing my views on the subject; on the contrary, a work on the Reflex Function has recently been published by Dr. J. W. Arnold, who relates several experiments which (it appears to me) strongly support my opinions; indeed, his *resumé* is directly opposed to the views Dr. M. Hall has advocated with such distinguished ability, that it may be deemed rash to dissent from them.

In my paper of 1839, I stated that conclusions almost identical with mine had been advanced by Dr. Carpenter, who has since embraced Dr. Hall's views, and supported them by facts drawn from comparative anatomy. I should have added that, so long ago as 1805, Flourens held that muscular motion is *in every instance* immediately excited by the spinal cord, the only difference being, that when the muscular motion is voluntary, the cord is excited to action by volition conveyed to it from the brain and cerebellum, but that when it is involuntary (our present reflex function) it has, for the exciter of the cord, impressions conveyed from the peripheral extremities of the nerves. The opinions of Flourens were submitted to, and his experiments repeated before a commission of the Institute of France. Any one desirous of reading his *resumé* at length will find it in the notes to Dr. Copland's edition of "Richerand."

But to return to my patient, from whose case I have been drawn away by these interesting speculations in physiology. The dose of the hemp resin was very small in proportion to the effect produced on the pain; I was prepared to increase the dose to sixty or eighty drops before I could produce an impression on the disease. I should observe that the tincture was not made with resin brought from India, but with that prepared by Mr. Squire from the dried plant. Before I saw the case under consideration, I had administered the hemp resin in a few cases, but the itchiness (if any existed) escaped my notice. Since I observed the itchiness in B—— L——r, I administered several large doses (120 drops or six grains in each) to a gentleman aged sixty-four, of very robust make, but not corpulent. He had recently been under my care for a urinary affection, from which he had recovered, and having heard of the gunjah, out of curiosity requested to have some. 120 drops of my tincture produced heat of the skin, considerable exhilaration, with itchiness at the roots of the eyelashes and in a few points of the lower extremities and scrotum. There was no sexual excitement; he felt drowsy after the expiration of three hours, but being amongst cheerful friends, easily resisted the inclination to sleep. In him the itchiness was so moderate that he only named it in reply to my question. This gentleman smoked daily half a dozen cigars at least. I think decided tobacco smokers bear a larger dose of the hemp than others. The hemp does not produce constipation.

7, Delahay-street West,
March 24, 1843.

CASE OF HYDROPHOBIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Should the following case of hydrophobia be deemed of sufficient interest to merit a place in your Journal, I should feel obliged by its insertion.

I am, Gentlemen,
Yours respectfully,
E. Parker, House Surgeon.
Liverpool Northern Hospital,
March 21, 1843.

James M'Lellan, aged forty, carpenter, of temperate habits, was admitted on Thursday, March 2, under Dr. Carson. He stated that on the night of the 23rd of September last, when crossing one of the canal bridges, he heard a splash in the water; he went down to the bank, and saw a dog struggling in the canal. In assisting the animal to get out, it snapped at and bit two of his fingers, which bled freely, and gave him considerable pain. He bathed them with some rum, and in the course of eight or nine days they were quite well. Has felt no inconvenience from the bites since they healed, and does not believe that his present illness has any connection with them. For some weeks past he has been troubled with a cough, and for the last three or four days suffered from what he describes as a cold. Returning from his work on Tuesday evening, he felt more than usually fatigued, and, during the night, his wife states that she observed a great alteration in his temper, which had become exceedingly irritable—that he got up several times and walked about the room. On Wednesday morning he went to his work as usual, but returned in a few hours, complaining of headache and sickness. Some coffee was given to him, which he threw up, and on taking some more, felt a strange sensation, "all frightened." The symptoms continued to increase; he became more and more agitated. Late in the evening a medical gentleman was sent for, who requested him to drink some water, the thought of which now inspired him with an ungovernable feeling of terror. On the following morning he was brought to the hospital. When first seen he started up, and prayed that we would not disturb him; he said that he had no pain anywhere, no uneasiness in the bitten fingers; tongue furred; pulse 100, rather feeble; bowels open; skin soft and moist; countenance anxious. Turning, unknown to him, one of the taps, as soon as the water began to flow he jumped up in a paroxysm of fear, and begged it might be stopped; he could not help it, he said, but it was more than he could bear. When placed in bed, he was observed to spring up every now and then, to put his hands on his chest, and express a fear that he could not breathe. Any sudden movement of the bystanders, or even a current of air, served to bring on similar attacks. He says that if he attempted to drink any fluid, the paroxysms would be frightfully increased; even speaking to him of liquids caused an evident agitation. There is no stiffness in the muscles of the jaws, and no difficulty in swallowing solids. Five minims of prussic acid were ordered to be given every half hour; by dropping the acid on a piece of bread, it was administered without difficulty. At the end of four hours the attacks had become more frequent and more severe; the slightest causes were sufficient to excite them. Opening the door of his ward, or arranging his bed-clothes, seemed to impress him with the greatest dread; he would spring up in a paroxysm of despair, throw his arms round the neck of his attendant, and implore, in the most piteous language, that he might not be so annoyed. In these attacks he evinced no inclination to injure himself or others, and apparently suffered no bodily pain. An intense, ungovernable, indescribable feeling of alarm, expresses most accurately his condition. For a short time his fears seemed to be excited by the supposed presence of some trifling object in a corner of his ward, but this illusion soon disappeared; his countenance at this time was strongly indicative of his feelings, and expressed the highest degree of terror.

During the intervals between the paroxysms, which recurred every three or four minutes, he was perfectly rational and collected, apologised for his unruly conduct, spoke with affecting earnestness of his family, and, in taking leave of his wife, and giving instructions respecting his domestic affairs, did so with a pathos scarcely to be expected from a man in his condition.

At five o'clock twenty drops* of the tincture of Indian hemp, containing one grain of the extract, were given, and repeated every hour. Three doses were taken, but it did not seem to produce any effect;

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* The doses of hemp administered to inhabitants of this country should be much greater than those given to natives of India. No effect could be expected to follow from so small a dose as twenty drops. One of the Editors of this Journal took six grains of the extract, and smoked a scruple of the *gunjah*, with no other effect than the inducing a desire to sleep.—Eds.

the fits recurred, increasing in fearful intensity, to such a degree that to keep him in bed, or even in the ward, recourse was obliged to be had to restraint. He seemed quite aware of our intention in so doing, and hoped we should prevent him from injuring himself; but during the attacks, now almost constantly present, he was perfectly furious, and made violent efforts to free himself, crying out lustily, and spitting constantly a frothy mucus, tinged with blood. Even now at intervals he was conscious, and recognised me on speaking to him. The effects of his powerful exertions, and of the copious perspirations, now began to be evident; the pulse increased in quickness, and became more feeble. For a short time before his death, which took place between seven and eight o'clock, he lay quiet on his back, quite exhausted, breathing with difficulty, dilated pupil, and with considerable accumulation in the air passages.

Inspection, Eighteen Hours after Death.

The body having been placed on its face, to prevent any deceptive appearances from position, the brain and spinal cord were carefully examined, but no trace of disease could be observed in either. There was no preternatural redness of the mucous membrane of the pharynx; the lungs were of a dark purple color, and much congested; extensive adhesions on the right side; the mucous membrane of the trachea and bronchia greatly injected, the latter of a purplish color; the tubes were loaded with frothy, tenacious, bloody mucus, similar to what he had spat up during life; the heart presented no unhealthy appearance; the stomach contained a quantity of greenish fluid; the gall bladder was much distended. During the examination it was observed that the blood which flowed seemed to be somewhat thinner than natural.

Though, in the present state of our knowledge, the publication of the above case may not be useful, as illustrating any principle in treatment, or any point in pathology, I yet think it right to place it on record —first, because an accumulation of such may at some future period, when more is known of the many obscure questions its consideration involves, afford materials from which, by comparison and induction, some elucidation of its nature may be obtained; and, secondly, its mere perusal may lead those who meet with cases of bites to a careful investigation of the condition of the animal, and, if necessary, to the adoption of those measures which alone can prevent the accession of the disease. Though, far from stating that prophylactic measures are always necessary, I cannot but think that we are too apt to neglect inquiries, which, in some cases at least, would supply information of the utmost importance. How frequently does it happen, when applied to by patients who have received a bite, that the wound is dressed without any investigation into the state of health of the animal that inflicted the wound; or, if any injury is made, are we not generally satisfied with the remark that the dog "seemed well?" In such cases, and most particularly in those which have been received without any provocation, should not our examination extend further? Ought we not, in fact, in every case of bite, to insist on the propriety of securing and watching the dog for a few days? If symptoms of rabies are manifested, we may then have recourse to treatment which, without such certain information, would most probably not be proposed by the surgeon, or not submitted to by the patient.

M'Lellan was frequently asked by his fellow-workmen if the dog was mad, but considered all such inquiries as trifling with his feelings. Had he taken the alarm, and ascertained its fate, there can be little doubt but he could have been saved from falling a sacrifice to the fearful disease which so quickly put a period to his life.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, APRIL 1, 1843.

The observations which we addressed, in the last two numbers of this Journal, to the members of the medical profession, on the present aspect of medical reform, have been responded to by the practitioners of Surrey in a becoming manner.

We were of opinion that the time for action, on the part of the general practitioners of the United Kingdom, had arrived; and this opinion has received the highest sanction from the leading members of the Provincial Association, and from all those who have hitherto stood forward as able and earnest advocates of the interests and dignity of the medical profession.

The following account of the meeting of the Surrey practitioners, held at Epsom on the 24th of March, will serve at once as an example and a stimulus to their brethren in all parts of the kingdom. Nothing can be more moderate than the prayer of the Surrey petition; it simply requests "that the legislature cause inquiry to be made into the present state of the medical profession, and more especially into that of the general practitioners; delaying any legislative measure which might lead to the granting of new charters to the Colleges of Physicians and Surgeons, until the whole subject of medical regulation and reform has been well and thoroughly investigated by a committee of the House of Commons, and has undergone adequate discussion in Parliament."

We believe that so temperate and just a demand will obtain universal support; and we earnestly hope that measures will be forthwith taken, in the different towns throughout England, to obtain petitions of a similar nature to both Houses of Parliament. The members of the Provincial Medical and Surgical Association will not, we feel assured, be wanting in zeal or prudence at this crisis of medical affairs.

The number of towns in the United Kingdom, in which members of the Provincial Association reside, amounts to *several hundreds;* and from all, or from a majority of these, petitions might be forwarded. We believe that a succession of petitions addressed to both Houses, from the various towns and localities, would have a much greater effect than any memorial or prayer coming from a single body, however numerous or influential that body may be. There is nothing like keeping up external pressure; a single prayer, however urgent—a single complaint, be it ever so loud—is soon forgotten by the legislature. We should, therefore, take care that the attention excited by one or two petitions from leading towns should not be allowed to sink from want of refreshers, but keep our wants and wishes constantly before the government and the legislature, until decided proof be given that they have commanded the serious consideration which the importance of the question demands.

The practitioners of Surrey have given a well-timed example to their brethren, whom we would earnestly exhort to go and do likewise.

"On Friday, the 24th instant, March, 1843, the general practitioners of the county of Surrey assembled at the coffee-house at Epsom to consider whether any steps should be taken, relative to measures in contemplation, to regulate the general medical profession. There were present practitioners of Epsom, Ewell, Chertsey, Weybridge, Guildford, Godalming, Dorking, Leatherhead, Reigate, Croydon, Carshalton, and other places. Mr. Martin, of Reigate, in the chair. Whereupon, after mature deliberation, it was proposed by Mr. Wallace, of Carshalton, and seconded by Mr. Fletcher, of Croydon, and resolved unanimously, That under present circumstances it is advisable, *without delay*, to petition both Houses of Parliament on the contemplated legislation respecting the medical profession, and that the following petition to the House of Commons be adopted:—

To the Honorable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament Assembled.

The humble petition of the undersigned practitioners of medicine, surgery, and midwifery, or, as they are usually denominated, "general practitioners of medicine," residing in the county of Surrey,

Sheweth,

That your petitioners, assuming that the great body of the general practitioners are the medical adivsers, in ordinary, of by far the largest portion of the population of the country, it is of essential importance that they should be thoroughly qualified as skilful and able advisers.

And, understanding that measures are in contemplation for reforming and regulating the profession generally, are well assured that no reform can be effectual or permanent, unless, while it provides for the qualifications, efficiency, and respectability of the profession, it shall also be adapted to the wants of the public, as demonstrated by the universal practice of appealing in all ordinary cases to the skill and care of the general practitioner.

That the supply of an adequately qualified class of general practitioners is of national importance must be felt by every observing and reflecting person; and that a legislative reorganisation of the profession your humble petitioners conceive to be of indispensable necessity, from several causes; and among others, from the various and incongruous modes by which medical practitioners procure admission into the profession, there being no less than sixteen different sources from which certificates of qualification may be obtained.

Your petitioners, therefore, pray, that on this, as well as on other grounds of incongruity and inconsistency in the polity of the profession, your Honorable House would cause inquiry to be made into the present state of the medical profession, and more especially in reference to that of the general practitioners, in number *ten or twelve thousand*, or perhaps more, delaying any legislative measure which might lead to the granting of new charters to the Colleges of Physicians and Surgeons, until the whole subject of medical regulation and reform has been well and thoroughly investigated by a committee of your Honorable House, and has undergone adequate discussion in Parliament.

Proposed by Mr. Fletcher, seconded by Mr. John Wallace, and resolved unanimously, That one of the Surrey members be respectfully requested to present the petition to the House of Commons, and the other members for Eastern and Western Surrey be also requested to favor the petitioners with their support on the occasion.

Proposed by Mr. Bottomley, seconded by Mr. Nash, and resolved unanimously, That his Grace the Duke of Richmond be respectfully requested to present the petition to the House of Peers.

Proposed by Mr. Chaldecott, seconded by Mr. Harcourt, and resolved unanimously, That a committee be appointed to observe the proceedings of Parliament and the Government on the subject of medical legislation, to consist of nine practitioners, with power to add to their number, and to call other general meetings if they should deem it expedient so to do.

Proposed by Mr. Eager, of Ripley, seconded by Mr. Hart, and resolved unanimously, That members of the medical profession be recommended to endeavour to call the attention of members of both Houses of Parliament to the subject of the legislative regulation of the profession, on the importance of the general practitioners to the health and welfare of the community, and on their present position.

Proposed by Mr. Shelley, seconded by Mr. Bottomley, and resolved unanimously, That the best thanks of the present meeting are due to Sir James Clark, Bart., for his judicious and able tracts on the education of medical men and on medical polity, in the form of two letters, addressed to the Right Honorable Sir James Graham, Bart., her Majesty's Secretary of State for the Home Department, and this meeting recommends those letters to the careful perusal of every medical man in the kingdom. Also, that a copy of this resolution be sent to Sir James Clark."

As we were about to go to press, we learned, with much satisfaction, that a memorial similar to that presented from the medical practitioners of Surrey had been forwarded to Sir James Graham, signed by fifty-two members of the Southern Branch of the Provincial Medical and Surgical Association. The memorial was laid before Sir James Graham by Mr. Escott, M.P. for Winchester, and expressed anxiety, on the part of the profession, that no legislative measures, on the subject of medical reform generally, or affecting the Colleges of Physicians and Surgeons partially, should be adopted, until a full and impartial inquiry be made into the real condition of the profession.

LECTURE
ON THE
LAWS WHICH GOVERN THE MODE AND RATE OF DECAY
IN THE
HUMAN FRAME,

DELIVERED AT ST. THOMAS'S HOSPITAL, MARCH 22, 1843.

By George Gregory, M.D.,
Physician to the Small-pox Hospital.

If this were a pulpit instead of a rostrum, if, in place of being a physician addressing a mixed assemblage of professional and unprofessional persons, I were a bishop or curate addressing a congregation, I should have no difficulty in fixing upon an appropriate text. The third chapter of Genesis, verse 19, would supply me with a most apt one, where we read, that not very long after man's creation, the decree went forth, that whereas "from out of the dust he arose, so unto the dust he should return." When this fiat, so pregnant with consequences to the whole human race, was issued, certain laws were at the same time established which should govern the *mode* of decay of the human frame, and regulate the *rate* at which such decay should take place.

To determine those laws has been a continual object of pursuit with the professors of medical science from the earliest periods. The physiologist, availing himself of the knowledge which his researches into *life* afford, has traced the sources of decay, and explained the direct causes of death. The physician, carrying this knowledge into the streets and highways of life, has labored assiduously (the lancet in one hand and quinine in the other, to arrest decay when hurrying forward with a too fatal precipitancy; dragging from their secret recesses in the vegetable and mineral world the powerful aid of mercury, of steel, and of iodine; he has also striven (with a skill which deserved success even when he could not command it) to control and check that slower process which, by a different route, lands us at last at the Kensall-green terminus!

"Sedem properamus ad unam!"

Where neither the one nor the other of these offices has been open to him, his care has been to smooth the downward path of life, and, with poppy, mandragóra, and other drowsy syrups, to lessen that bodily suffering, the ghastly spasm and the racking torture, which, under certain circumstances, presently to be noticed, decay bears in its train.

The decay of the human frame, which has thus practically been the object of the physician's solicitude from the days of Hippocrates downwards, has been studied, however, more in parts than as a whole. Few have attempted to give a general view of the subject,—to connect all the varieties in the modes of human decay, and supplying that link which binds them together, to show that here, too, Nature operates by fixed laws. To remedy this deficiency (if, indeed, the deficiency exists), to arrange and generalise the opinions concerning the decay of the human frame, which separately are so familiar to us all, and to bring to the aid of our judgment in this matter the faithful and impartial results of statistical inquiry,—these are the objects of the present lecture.

A little reflection on the several modes by which mankind are removed from the world, will suffice to show that they admit of being arranged into four classes, namely,—1, natural decay; 2, premature decay, of a slow or chronic kind; 3, rapid decay, by acute disease and unseen violence; 4, rapid decay (or destruction of the body) by open violence. The first three of these topics will furnish us with abundant food for reflection. I begin with natural decay.

The first question which will occur to any one engaging in the inquiry is, How is natural decay effected? What is the process by which nature provides for the gradual extinction of life within us, when a constitution naturally sound, which eighty returning suns have found and left in the enjoyment of health, at length approaches its natural close? The answer is, that Nature effects her object by a process of hardening of the structures. The disposition in the tissues of the human body to harden is displayed in a variety of ways. The earliest ever witnessed is the tendency to deposit sand and gravel in the kidney, which, by successive depositions, advance in time to the dignity of stone. This, which is so very common in old age, is occasionally witnessed in the child. The same tendency is displayed in other persons by the formation of biliary calculi, or gall-stones. Very soon after puberty we see in some constitutions a disposition to deposit bony matter about the roots of the lungs. These deposits, called bronchial calculi, are sometimes expectorated, but they may, *per se*, become the direct cause of death. In November last, the quartermaster of her Majesty's 8th regiment of Foot, stationed in Dublin, died of bronchial calculus. It had formed in the triangular space below and between the bifurcation of the bronchi. An abscess followed, having fistulous communication with the bronchi and with the œsophagus. One morning the calculus slipped into one of the fistulous openings into the bronchi, and life was suddenly extinguished. With reference to the decay of the frame, the most important hardening is that of the apparatus for the circulation of the blood, for pliancy is essential to the functions of the arteries. Other parts may stiffen and become rigid, and no other result follow than local inconvenience, but arteries must be adapted to the varying momentum of the blood, to those changes in the circulation which are the necessary consequences of exercise, of mental emotion, of the indulgence of our appetites. The first inroads on the normal condition of the arteries are made by the deposition of atheromatous points, at first scattered over the surface of the arterial system, but soon congregating in patches of cartilaginous hardness in those vessels which have most work to do—viz., in the large artery issuing from the heart (the aorta) and its three earliest branches. To these atheromata succeed spicula of bone, which shoot up here and there like crystals, and at length unite into masses. As life advances this ossific process creeps into the most distant branches of the arterial system. The arteries of the brain are those which in a perfectly normal state, with no disturbing forces whatever (no hereditary predisposition, no exposure to cold, no weakness left as the legacy of a departed ailment), first yield; for they are the *finest* and the most exquisitely organised, and therefore the most carefully packed of all the vessels of the body. Some artery of the brain gives way, and blood is effused upon its delicate structure. Apoplexy, therefore, is the most perfectly natural—it is the very *beau ideal*—of all the modes of vital decay. How splendid a picture does this present of the unbounded love and tenderness of the Creator towards his creatures! The body must perish, but in the true normal mode of decay death is effected by a process which, in one instant, destroys all sensation and all consciousness.

Allow me to read to you a sketch of the decay of the human frame under the very circumstances now supposed, drawn by a female hand, but by no unskilful one.

A lady at Bath (a relation of my own), one of a family remarkable for longevity, had reached the age of eighty-nine, weak in body, but in perfect possession of all her faculties. On Monday, February 6, 1843, just six weeks ago, she was sitting on a sofa, talking to an old nurse, who had called to visit her, in the enjoyment of her usual health, when suddenly she bent forward without groan or sigh. From that moment consciousness and sensation ceased. She was bled and leeched, and all the appliances of human skill were ably directed, but she never revived. "The body," writes my fair correspondent, "remains motionless. No food is taken. The sound of breathing alone gives sign of life; the lungs act; the pulse beats; and the body, Mr. Stockwell tells us, is living on itself. For seven long days has this lasted. We feel that our relative has been dead for a week! We have her body, it is true, but it is only her body that remains with us—*warm*, instead of *cold!*"

Such is the perfectly normal or natural mode of decay of the human frame. In all such cases the lamp of life is not extinguished. It burns down to the socket, and in the most wonderful manner extinguishes itself. The spectacle is full of interest to all; for it proves that the decay of the frame and the ultimate extinction of life, are regulated by the same consummate skill which presides at the birth, and which moulds into symmetry the growth of the body.

Other modes of death there are, all, like apoplexy, referable to the hardening process. Among these I may mention as the most frequent, palsy, aneurysm, angina pectoris, and dropsy. Palsy is only a minor degree of apoplexy. In angina pectoris the process of decay is slow and accompanied with severe suffering. The heart itself is slowly converting into bone. As if to make amends, Nature has ordained that the extinction of life should here be instantaneous and painless. A few cases of aneurysm arise from accidental causes, rupturing the vessel, and this disease, therefore, may show itself in early life, but, for the most part, aneurism is the consequence of the ossific process, and a form of natural decay. The blood insinuates itself by the side of some minute spicula of bone, and gradually distends the coats of the artery. The deposit of osseous matter in the *interior of the heart*, especially about the valves of the aorta, is an exceedingly common mode of natural decay. The immediate effect of it is to prevent that free and equable distribution of the blood which is essential to health and life, and ultimately to bring on dropsy. Dropsy, therefore, is another of the modes of natural decay. Another provision of Nature for the extinction of life at advanced ages, differing equally from the impairment of the brain and of the heart, is to be found in *interruption to the respiration*. Air is as necessary to man's life as the blood, or the nervous influence. Now, in many cases of purely natural decay, the air-passages are made the medium of extinguishing life. Fluid effusion takes place from them by an action which originates within the body, and though of an inflammatory kind is wholly independent of cold. Bronchitis, then, is a third mode of natural decay, and it is that which Nature most generally sets up, when either extreme debility, or the gradual disorganisation of other structures, has at length reached that point which is incompatible with life. Signor Ferrari, formerly well known and esteemed as a director and musical composer to the Italian Opera in London, had reached the age of eighty-one. Life for him had lost its charms; the sight of both his eyes was gone; his body was greatly enfeebled and emaciated; rheumatic pain racked his limbs; his appetite began to fail; he had learned but too forcibly

"That life protracted is protracted woe."

The few friends who survived could perceive that his end was approaching, but how that was to be effected was a mystery, for his pulse was good and his intellect clear. Early in November, 1842, he began to complain of cough; this increased upon him. On the 24th of November I first saw him. He was then expectorating an abundant puriform mucus; his debility augmented daily. From that date he never left his bed. Early in the morning of the 30th of November, incipient delirium betokened the circulation of venous blood through the brain. At six, p.m., of that day he calmly expired.

This destructive process, spontaneous bronchial inflammation, commonly called bronchitis senilis, is often, I have said, set up in the advanced stages of the disorganisations (or *degenerations*, as they are called) of the animal tissues. To the consideration of these I next proceed. In this mode of decay the several structures of the body do not simply harden; their nutrient vessels take on certain diseased actions;

healthy structure gives place to morbid structure, which in process of time becomes incompatible with life. There are an immense variety of these chronic degenerations. Foremost in the scale stands the cancerous degeneration, where a malignant mode of action is set up, accompanied generally with excessive pain. It commences in one tissue and gradually extends to a second and a third,

> " Till pitying Nature signs the last release,
> And bids afflicted worth retire to peace."

The deaths by cancer throughout England and Wales average 2700 per annum; and it appears that about eighteen die annually by this disease for every 100,000 of the population. Closely associated with the cancerous degeneration are those called fungus hæmatodes, medullary sarcoma, and melanoid tumor. Another series of disorganisations are the tubercular, the most perfect specimen of which is the large white tubercle of the liver. A lady, unmarried, the sister of one now standing before me, about forty-five years of age, had passed blood on several occasions, but soon recovered. In the spring of 1839 this symptom returned with more than its wonted severity, followed by indigestion, flatulence, and a sallow aspect of countenance. To these symptoms succeeded great bodily weakness and emaciation; then followed, by slow degrees, excessive viscidity of the saliva, total sleeplessness, frequent syncope, aphthæ, and at length deep jaundice. I mention this case because it gives me an opportunity of explaining to you what happens when Nature, generally so indulgent, fails to set up that bronchial inflammation just adverted to. Death must then be effected by the mode of "*exhaustion*," the senses remaining entire and the breathing unimpaired, until the last drop of blood in the body has been *used up*. So long as wine and brandy could be forced down, so long did the flickering taper of life in this estimable lady continue to burn. But the time at length arrived when, in consequence of the aphthous state of the mouth, the act of swallowing gave such exquisite pain that all support was necessarily abandoned.

Death by exhaustion is truly terrific. For many days the lady prayed fervently to be released from the wretched feeling of a heart acting till there was no blood left for it to act upon.

With what force and truth does Milton describe this mode of decay :—

> " For over them triumphant Death his dart
> Shook, but delay'd to strike, tho' oft invoked
> With vows, as their chief good and final hope!
> Sight so deform what heart of rock could long
> Dry eyed behold?"

This case is a good paradigma of structural degeneration taking place at its most usual period of life. There are many others of a like kind of much more frequent occurrence. One of the most remarkable is granular kidney—a form of vital decay which has been studied with such care and success by the physician of a neighbouring hospital, that in imitation of the good old custom which dictated such names as the Eustachian tube, the circle of Willis, or the capsule of Glisson, it has been called "*Bright's kidney*." It is often the precursor of dropsy, and the chief cognisable evidence of what the world calls a "*break up of the frame*." To this form of disorganisation and decay I may add scirrhus of the stomach, scirrhus of the rectum, tumors attached to the peritoneum and uterus, hypertrophy and soft vegetations about the heart. In this latter case the struggle towards the close of life is often fearful, the mode of death being sufficient of itself to characterise the disease. Heart affections are certainly on the increase in this country. The deaths from this cause throughout England and Wales amount now to *four thousand* annually. Disorganisation of the pancreas appears to be the *rarest* form of chronic decay. Not more than twenty-five persons die of it annually in England. The advanced stages of this disorder are attended with great distress, with delirium, convulsions, and other evidences of nervous sympathy. We cannot here say "*facilis descensus averni*."

In all the cases now adverted to decay is traceable to the branches of the aorta, to those vessels which, for the first twenty years of life, are incessantly occupied in that truly wonderful process "*growth*," a phenomenon which, from its extreme familiarity, ceases to be the object of our astonishment, yet which, when duly considered, is nothing less than a daily miracle, pointing out to us the immeasurable distance interposed between divine power and the utmost efforts of human skill. Splendid as the steam-engine is, teeming as it does with the elements of power, a monument of man's ingenuity, yet *as* it issues from the manufactory so it must for ever remain. The combined genius of a Watt, a Bolton, and a Maudslay, could never make even the most distant approach to that simple phenomenon *growth*, which every child daily displays.

From the twentieth year of life, when growth ceases, the action of these nutrient vessels begins to change. Sometimes it subsides quietly, and the system is left in possession of its completed strength for another period of twenty years; but frequently, too, it happens that from having been so long occupied this, their normal subsidence, does not take place. The capillary vessels refuse to be idle; mischief of some kind must then inevitably follow; either a process of hypertrophy commences, or it may be of degeneration, and thus is the foundation laid for decay of the frame. In persons of weak or scrofulous habit the healthy process of growth, and one or other of these morbid abnormal processes, may chance to proceed simultaneously. At length, even to the strongest, comes the age of forty, when the top step of the ladder is reached, and the "*turn of life*" takes place; then it is that the degenerating actions chiefly prevail, and *they* constitute (from this period to the age of sixty) the chief modes of human decay.

Time, then, the great destroyer of all things, is the main agent employed by nature in working out the decay of the frame, but several other circumstances contribute to the result. Of these by far the most important is "*hereditary predisposition*," which exists not only to such general modes of disease and decay as *gout*, *gravel*, *rheumatism*, and *cancer*, but even to the disorganisation of particular viscera. Scirrhus of the stomach, which, at the age of fifty-two, brought to a close the splendid but chequered career of Napoleon Buonaparte was hereditary in his family. Affections of the heart may often be traced to the same source. Again, intemperance is one of those accessory causes which, lighting up diseased actions, pave the way to many kinds of disorganisation, especially those of the liver. Occupation, also, has its share of influence. Chimney-sweepers are iable to scrotal cancer, painters to palsy. The proportion which deaths by natural decay bear to the total mortality cannot be made out with strict accuracy, but we shall be near the truth in stating that there die, per 1000, of old age, debility, and the disorders depending simply on age, about 175; by the disorganising or chronic morbid processes *accompanying the advance of life*, 225; total by this mode of decay, 400 per 1000.

I must now withdraw your regards from the several varieties of slow but natural decay, to fix them on the equally important, I was almost tempted to say the still more interesting, subject of slow but *premature* decay. With very different feelings do we view the departure of the veteran who, full of years and honors,

> Superfluous lags upon the busy stage
> Where newer forms and different views engage,

and the early exit of ripening beauty or aspiring genius. It happens to but a small portion of mankind to be gathered to their fathers, like the patriarchs of old (after completing the full term of human existence), by a slow and "unperceived" decay. The larger proportion of mankind perish either by some acute malady cutting life short, or by the mode of decay now to be described.

Those who are in the least conversant with the structure of the body must know that the heart is a double organ; but all present may *not* know that the two portions of the heart have distinct offices. The left heart is engaged in the great work of growth, and in the repair of injuries, and in those exceedingly useful processes digestion and secretion, without which life would soon come to a stand still; the other, the right heart, placed, for convenience of stowage, in the same bag with the other, has a totally different function, it is the mere workshop of the other, the laboratory, from which the left heart draws its hourly decreasing supplies. Now, with this difference of function is associated a remarkable difference with reference to decay. The vessels of each system are governed in this respect by different laws; those of the right heart take on the process of decay at a date much anterior to that when the aortic system of vessels gives way. With reference to aortic decay, we, therefore, call pulmonary decay *premature*, not that it really is so any more than aortic decay can legitimately be called *protracted*.

I know no reason why the lungs, and the peculiar apparatus of vessels belonging to them, should be liable to an earlier decay than parts supplied by the aorta; it is a *law* of the animal economy—a principle interwoven in the construction of our frame. I believe that no reasoning will ever carry us beyond the simple fact that pulmonary decay precedes systemic decay, doubtless for some wise and necessary purpose.

Pulmonary decay is, of course, what the world call "consumption;" it occurs at all periods of life. Mr. Farr, in his third report, has given a table showing the prevalence of consumption in three of the most populous towns of England at all ages from birth to decrepitude. I will take Liverpool as an example.

There died of consumption at Liverpool in 1839, 1124 persons, of them there were—

Under the age of 3 years	227	(one-fifth of whole)
Between 3 and 15	194	
„ „ 15 and 30	379	(one-third of whole)
„ „ 30 and 50	258	
Upwards of 50 years of age	66	
Total	1124	

You see that consumption is diffused through all ages of human existence, but not equally; that it is most frequent at that period of life when the growth of the body is completed (that is, between fifteen and thirty), and least common in advanced years. Consumption is an hereditary ailment, but it appears also in families who have shown no such tendency. A single member of a family sometimes dies consumptive. Delicate texture of the lung is the root of the evil, but habits of intemperance may break down a structure of lungs originally the soundest. Consumption is immeasurably at the head of all the fatal diseases of the human body; no single malady approaches even near it. Scarcely less remarkable than its frequency is the steadiness of the mortality which it occasions, bespeaking, as it undoubtedly does, some peculiarity of cause.

There died of consumption throughout England and Wales in 1838, 59,025 persons; in 1839, 59,559 persons; in 1840, 59,923 persons, while the total mortality varied from 342,519 to 359,561.

In the metropolis, during the five years, from 1838 to 1842 inclusive, the deaths by consumption have been as follows:—7687, 7104, 7236, 7326, 7145; while the total mortality varied from 45,272 to 52,698.

No other disease exhibits an uniformity at all approaching to this.

Females are the especial victims of consumption. In the three years, 1838, 1839, and 1840, there died, throughout England and Wales, 80,560 males, 90,711 females; that is, 9 females to 8 males.

Compared to the total mortality, the average deaths by consumption are 170 per 1000. This, you will remember, is very nearly what we calculated the deaths by old age, debility, and its associated disorders to be; in other words, rather more than 1 out of every 6 deaths that occur in England is imputable to consumption, and one to old age and its consequences, one to premature decay, one to natural decay; such is the law of nature.

Among the many remarkable facts which recent statistics have brought to light is the prevalence of consumption in all parts of the world, the hottest as well as the coldest. Year after year has seen consumptive patients expatriating themselves to profit by the supposed immunity which tropical countries enjoy from the ravages of pulmonic decay! Vain delusion! We learn from the statistical reports of the British army that *twice* as many cases of consumption originate in Jamaica as at home, among European soldiers. Out of 51,000 troops, serving in that island in the course of twenty years (1817 to 1836), there were attacked by consumption 661, or 13 per 1000; whereas, out of 44,000 troops quartered in England during the same period, 286 only were attacked, which is 6 per 1000. The same fact was ascertained with regard to the East Indies. Consumption is twice as prevalent at the Mauritius as at the Cape of Good Hope, although pneumonia and other diseases of the lungs are considerably more abundant in the latter colony.

This fact (the increased prevalence of consumption among Europeans proceeding to hot countries) has lately received a striking illustration. The lower orders of animals, it is well known, are equally, with man, liable to pulmonary decay, more especially those of the monkey and cat tribe. Mr. Miller, the intelligent superintendent of the Zoological Gardens, informs me that, until lately, in that establishment, *one-half* of the deaths in those orders of animals has been from consumption, the disease commencing prior to the animal's attaining its full growth. The great extent of this mortality suggested the idea that it might be owing to some mismanagement, and this he believes to be the high temperature of the air breathed. By reducing this from 60° and upwards to 50°, the health of the animals has, of late, materially improved. Visitors to the gardens may have noticed that some of the finest and healthiest leopards and tigresses have passed the last winter, without any artificial warmth, in the open garden, and that the temperature of the monkey-house very little exceeds 50°.

From very early periods a tendency to develop consumption has been associated with particular trades. Those of glass-blowing, scythe-making, and leather-dressing, have been denounced as especially injurious to the lungs. Statistics are calculated to clear up this point, because, if true, the proportion of male deaths, by consumption, *in towns where those trades are practised*, ought to exceed the female deaths. Mr. Farr has kindly supplied me with data to test the correctness of this notion. From these tables we learn, first, that the male deaths in the four towns of *Birmingham*, *Sheffield*, *Worcester*, and *Newcastle*, exceed the female deaths in the proportion of 23 to 20; whereas in the three agricultural counties of Essex, Suffolk, and Norfolk, the female deaths by consumption are to the male deaths as 67 to 52.

TABLE

Exhibiting the Comparative Prevalence of Consumption in the Sexes in Towns and Country Districts.

Locality.	1841.		Deaths by Consumption.	
	Males Living.	Females Living.	Males.	Females.
Birmingham, Sheffield, Newcastle, and Worcester	157,430	165,755	2357	2049
Essex, Suffolk, and Norfolk	509,496	531,182	5243	6740

Again, by comparing the deaths with the numbers living, you will perceive that the male deaths, by consumption, in the four towns, are to the total male population in those towns as 16 to 1000; while in the three agricultural counties the proportion is as 10 to 1000, the ratio of female deaths to the female population *being the same in town and country*—namely, 13 per 1000. The popular notion, therefore, is thus proved to be well founded.

A survey of all the facts connected with the origin and development of consumption confirms the great principle that this disorder is not (as some would have us believe) a modification of *common* inflammation, but that it is a true decay of the pulmonary apparatus. originating from very recondite, and, perhaps, unappreciable causes. Sir James Clark, one of the latest and most acute writers on consumption, has introduced the term tuberculous cachexia, to express, with as much precision as the nature of the subject will at present allow, that condition of the body which tends to pulmonary decay. Changes have taken place in the relative position of all other diseases by which mankind is removed from the world; they, like kingdoms, have their rise and fall; but consumption holds the same place in the catalogue of mortal maladies which it occupied in the infancy of statistical science, and probably in the earliest ages of the world. Decay of the respiratory apparatus, therefore, must be viewed as the great gulph into which all improvements in medical science, and all ameliorations in the physical condition of man tend ultimately to drive the population. Any measure which, like vaccination, or improved nursing, or the use of flannel, lessens the amount of mortality in early life carries the junior population forward to the epoch when it becomes obnoxious to pulmonary decay. The progress of systemic decay may be checked by art, and thus may the value of human life be improved; but no statistical considerations warrant the conclusion that we possess any such controlling power over the course of pulmonary consumption.

The third mode of decay of the human frame I described as "*rapid decay by acute disease or unseen violence.*" The human body is not invaded by such external agents alone as are cognisable to our senses—such as arsenic, sulphuric acid, the bite of a mad dog, or a locomotive engine, but by various agents of a less palpable character, whose effects are not the less remarkable. We distinguish these hidden sources of disease by the term "*miasms or morbid poisons.*" They steal insensibly into the system, and there effect ravages, sometimes so frightful as, in a few hours, to deprive the strongest man of all power, and even of *life* itself; others operate by a slower process, but with a result not the less certain or fatal. To the first class of morbid poisons belong cholera Asiatica, Egyptian plague, and the angina maligna, or putrid sore throat. To the second class belong small-pox, measles, hooping-cough, remittent fever, and typhus fever; besides which there are a variety of other morbid poisons which are less destructive in their effects, but which, nevertheless, prove occasionally the sources of death; of this kind are erysipelas, syphilis, ague, and influenza.

These miasms or poisons are of two kinds, those of animal and those of terrestrial origin. Small-pox, hydrophobia, measles, scarlatina, and cow-pox, are miasms originating from the animal body in a state of disease, and, therefore, called the *morbid animal poisons*. Again, ague and remittent fever, probably, also, dysentery and beriberi, and, perhaps, cholera, are the results of noxious miasms generated on the earth's surface by the decomposition of *vegetable* matter. These are distinguished as the diseases of endemic, paludal, or *malarial* origin. Each miasm, whether springing from an animal or an earthy source, has its peculiar mode of development; some affect the skin, some the bowels, some the blood. Whatever the mode be it is the same, whether the poison invades the European or the negro, the young or the aged, the strong or the weak; they all agree in their mode of imbibition; they correspond in the theory of their action; they are all, in short, pathologically associated, and whether designated as epidemic, endemic, or contagious maladies, they are to be looked upon as *agents interrupting the normal course of man's life in his progress to natural decay*; they chiefly prevail in the periods of infancy and manhood. There are strong reasons to believe that in an earlier period of the world diseases of a miasmatic nature existed, which have since disappeared, while others have supplied their place.

The plague described by Thucidydes as having devastated Athens during the Peloponesian war (429 years before Christ), does not correspond with any known disorder, although it bears a general resemblance to scarlet fever. The same may be said of the plague described by Procopius, as invading Constantinople and the neighbouring countries in the year 544 after Christ. Many pestilences which prevailed during the dark ages, and which are described by the physician-monks of those days, cannot be recognised as the diseases of modern times. There are the strongest grounds for believing that small-pox did not commence its ravages until the year 622. If we may credit Constantine Africanus, measles first showed itself about the year 900 of the Christian era. Syphilis first appeared in 1598. The first accurate accounts which we have of the scarlet fever are in the year 1610, when that disorder invaded Spain. It was unknown in Edinburgh until 1680, for Sir Robert Sibbald, physician to King Charles the Second in Scotland, writing in that year, says of it, "That it was so recently introduced and so little understood, that he would not venture any observations either on its theory or treatment." Scarlet fever did not invade America until 1735. Neither small-pox or measles have yet reached our Australian colonies. Two years only have elapsed since scarlet fever assailed them. Horace says that, in days long past,

"Nova febrium
Terris incubuit cohors."

That this should have happened need not surprise us.

We have in our own days seen two new miasms spring into existence. In 1798 Jenner made us acquainted with cow-pox. In 1817 cholera arose, like a black vapor, from out the Sunderbunds of Bengal, and has since carried death and desolation through every known country of the world, except those highly-favored regions to which England, with a generous humanity, consigns the victims of crime—Australia and Van Dieman's Land. It will, in after times, be noticed as a strange coincidence that thus, within twenty years of each other, cow-pox and cholera, the mildest and the most malignant of human maladies, the alpha and the omega of the morbid poisons, should have originated. Whether this was accident, or whether, among the many inscrutable arrangements of Providence, cholera was ordained to be the scourge of mankind when small-pox declined—as small-pox arose when earlier plagues had been banished—it is not for us to say. Reflecting, however, upon the origin and succession of epidemic maladies, it is impossible, I think, not to trace in them evidences of *design*. We may even venture so far into the regions of conjecture as to predict that nature has not yet exhausted her catalogue of epidemic

"And wide wasting pestilences."

There probably are others of "*the painful family of death*" still in the womb of time, to occupy the thoughts of physicians yet unborn, and to assume hereafter their station among

"The miseries which the inabstinence of Eve
Hath brought on man."

The several miasms now adverted to operate on the animal economy by a principle very analogous to that which, in the vegetable world, is called *fermentation*. This is no new doctrine, though as recently revived by the ingenious Liebig, who has invested this hypothesis with a strictly scientific character, it has all the charms of freshness. It is, in fact, one of the oldest doctrines in physic, and very striking is it thus to witness the revolutions of the wheel of science!

Mr. Farr, to whose indefatigable labors every physician pays a willing tribute of praise, has done good service to pathology by substituting the term *zymosis* (derived from the Greek *Ζυμοω* to ferment) to express the mode by which the several morbid poisons operate on the *animal* economy. Zymotic diseases, therefore, will include all those which have hitherto been known by the name of *epidemic*, *endemic*, and *contagious* maladies. A change of phraseology was called for by the new aspect of science, and the term has been judiciously selected.

The destruction of human life by the zymotic tribe of diseases is very great. Upon an average of years, 350,000 persons die annually in England and Wales, of whom 70,000 are the victims of epidemic and contagious diseases—that is, one-fifth of the whole. The equalisation of epidemic mortality through a succession of years is very remarkable. Every year is distinguished by some prevailing, reigning, or *master* epidemic, during the continuance of which other epidemics decline. Thus, in 1838, small-pox was in the ascendant, and 16,268 persons died of it throughout England and Wales. In 1839, measles predominated, and destroyed nearly 11,100 persons. In 1840 scarlet fever was so general and so fatal throughout England, that it destroyed more lives by one-fifth than small-pox did during its epidemic season. The deaths by scarlet fever in that year were nearly 20,000. The exact numbers were 19,816. Knowing (as we do) the average rate at which scarlet fever proves fatal (six per cent.), we are sure that in the year 1840, there could not have been less than 360,000 cases of scarlet fever in England and Wales! Measles, hooping-cough, small-pox however declined. Everything teaches us that when one avenue to death is closed, another opens for "*noctes atque dies patet atri janua Ditis.*" If children are saved from small-pox, therefore, it is only to fall into the power of tyrants, scarcely, if at all, less inexorable.

TABLE

Exhibiting the amount of Exanthematic Mortality in England and Wales, during the years 1838, 1839, 1840

	Year 1838.	Year 1839.	Year 1840.
Small-pox	16,268	9131	10,434
Measles	6514	10,937	9326
Scarlet fever	5802	10,325	19,816
Total Mortality by the Exanthemata	28,584	30,393	39,576
Total Mortality throughout England and Wales	342,529	338,979	359,561

Besides the zymoses, the human body is subject to the assaults of many acute diseases of internal origin, which the old writers (probably with reason) attributed to a faulty condition of the blood and humors. They are naturally associated with the zymoses, not only from a like obscurity of origin, but because they occur at the same periods of life, run the same rapid course, and equally with them serve as interruptions to natural decay. The forms which they principally assume are, rheumatic fever, gout, pneumonia, hydrocephalus, and convulsion. They may be either of an inflammatory or congestive character. The ordinary labors of man are sufficient to excite some; others are brought on by atmospheric vicissitudes. A very large proportion of them, however, are wholly independent of exterior agency. Witness, in children, the variety of such disorders which accompany the process of dentition. Witness, in adults, the first appearances of gout and rheumatism.

The principal disorder of this class which swells Mr. Farr's black book is infantile convulsion; next to it is pneumonia, and near them stands hydrocephalus. Very nearly one-sixth of the total mortality of the country is attributable to these three diseases, naturally grouped together as being the eldest offspring of abnormal dentition.

The total amount of mortality by the diseases of this class, the fevers of internal origin, is 200 per 1000. The sum total, therefore, will give the following

Analysis of the Tables of Mortality of England and Wales.

	Per Thousand.
Deaths by old age, debility, and its associated disorders	175
—— chronic disorganisations of the viscera . .	225
—— the zymotic diseases	200
—— acute diseases of internal origin	200
—— consumption, or pulmonary decay . . .	170
—— open violence	30
Total	1000

It thus appears that 30 per 1000 are the victims of open violence, the fourth and last of the classes into which I divided the several modes of human extinction.

Decay being my theme, I am prevented from entering on the consideration of the many interesting questions which violent deaths suggest; I will only state, that they are exceedingly uniform, averaging throughout England and Wales nearly 12,000 annually. The number for the years 1838-39 and 40, were 11,727 11,632, 11,594. This is, compared to the total mortality, as 32 per 1000; in reference to the population, it is as 8 to every 10,000 persons living. Decay in the male sex is considerably more rapid than in the female. In the three years ending June 30, 1840, the total number of deaths among males throughout England and Wales was 518,006, while the deaths among females were only 499,058, giving an excess of male deaths, in three years, of 18,948. After this statement, it cannot appear surprising to you that the number of females in any country should notably exceed the number of males. At the present time, in London, there are 996,000 females to 878,000 males, or an excess of 118,000 ladies. Coupled with this fact, and obviously depending on it, is the superior longevity of the female sex. There died throughout England and Wales, between 1st July, 1839, and 30th June, 1840, 5,247 females, aged 85 and upwards; whereas, of the same age, there died only 3,954 gentlemen, leaving what is called in the city a *balance* in favor of the old ladies of 1293. Among the females who died, 71 had passed the age of 100, but only 40 males.

There are only three diseases, common to the sexes, which carry off more females than males—they are, consumption, cancer, and dropsy. The deaths by childbirth form but a very small fraction of the mortality in the female sex. The proportion is only 8 per 1000 of the total mortality; and as (unfortunately) half a million of children are annually born in England and Wales, and scarcely 3000 deaths take place in childbirth, so there is only 1 death to 170 confinements! The researches of the registrar-general have brought to light some singular results with reference to the proportion in which acute disease affects the two sexes. In the zymotic tribe the UNIFORMITY is quite extraordinary. Thus, out of 8194 persons dying of measles in 1840, throughout England and Wales, 4143 were males, and 4051 females, a difference of only 92. Again, out of 17,862 persons dying of scarlet fever in the same year, 8927 were males, and 8 935 were females, a difference of only 8!

On the other hand, it appears that out of 14,806 dying of pneumonia, 8177 were males, and only 6629 females. Out of 22,787 dying of convulsion, 12,689 were males, and only 10,098 females.

The superior value of female life, which these and all statistical considerations tend to prove, and which our insurance offices, by their variation of rates, acknowledge, is not attributable to any differences in the original construction of the body, for man is built of stronger materials than woman, but first, to the smaller demand made upon her vital power during the middle period of life; secondly, to the healthier condition and temperature of the female mind; and thirdly, to the lesser amount of toil and anxiety which, in a highly civilised country, falls to the share of woman. I must say one word regarding the influence of trade and occupation on the average rate of decay in the human frame. The greatest foe to health and long life is poverty. Not only do all epidemic visitations fall with tenfold severity upon the poorer classes of society, but all descriptions of disease find in them their chief victims. In has been found, in France, that of an equal number of infants taken from among the poor and those in easy circumstances the proportion of deaths among the former is as 2 to 1.

Soldiers are, of all classes of society, the most obnoxious to severe disease and rapid decay. The result of an inquiry made by Mr. Edmonds (an eminent London actuary) into the loss sustained by the British army during the Peninsular war, has shown, that whereas in England the average annual mortality is now 22 out of every 1000 of the population, the mortality among soldiers in time of active warfare rises to 160 per 1000! Out of this number, 40 per 1000 occur from wounds received in battle, and 120 per 1000 from disease and privations, and the other miseries attendant on war.

Happily, wars have ceased, and a gradual improvement is taking place in the value of human life. Every year a larger proportion of the population are carried forward to advanced age and die of the disorders which advanced age entails. In the time of the Romans the expectancy of human life was not more than 25 years; a life was not then worth more than 25 years' purchase; great changes have since occurred. The Geneva tables show that from 1750 to 1800 the mean duration of life in that town was 34½ years; in 1833 it was 45 years and 29 days! At Paris, among the easy classes, the mean duration of life is calculated at 42 years; in England, according to the calculations of Mr. Finlaison, it is now 50 years, so that the expectancy of life, the number of years which a child may be expected to attain, is double what it was at the commencement of the Christian era.

No one can doubt that if much of this improvement is attributable to the effects of medical science, more is due to the humanising effects of the Christian religion—a religion which has reared the majestic institutions for the reception of the sick and indigent poor which overspread the land, in one of the oldest and noblest of which we are now assembled—a *religion* which has diffused throughout society that spirit of active benevolence which incessantly labors to lessen the sum of human misery, and protract the period of man's decay.

ACADEMY OF SCIENCES, PARIS.

March 6, 1843.

FORMATION OF FAT.

M. Liebig addressed a letter on this subject in reply to the remarks of MM. Dumas, Boussingault, and Payen. According to the last named writers, it is the waxen matter produced in plants, which is changed in the animal body into stearic, oleic, or margaric acid.

Although the transformation of wax into fatty acids has never as yet been observed, and though it be difficult to understand how a substance which is not saponifiable, and which melts at a much higher temperature than that of animals, can pass into the blood to be oxygenised and changed into stearic acid; still the opinion of such distinguished chemists deserves inquiry. I, therefore (says M. Liebig), examined the excrements of a cow which had been fed, for a length of time, on hay and potatoes, and, to my astonishment, I found nearly the whole of the waxen or fatty matter of the alimentary substance of the animal contained in the excrement. The cow, which consumes daily thirty pounds of potatoes and fifteen pounds of hay, takes in with the food about thirty drachms of materials soluble in æther; this makes one hundred and eighty drachms in six days; now the excrement furnishes nearly one hundred and seventy drachms in the same period of time.

According to the experiments of Mr. Bouissingault, which agree exactly with the results obtained in our dairies, a cow fed on the quantity of hay and potatoes above mentioned, will give in six days about one hundred and thirty pints of milk, containing nearly ninety-eight ounces of butter; now, it is quite impossible that these ninety-eight ounces of butter should be derived from the one hundred and eighty drachms of waxen matter contained in the food, because the excrements of the cow contain nearly as much of that matter as has been taken in by the animal.

SHEFFIELD MEDICAL SOCIETY.

March 9, 1843.

Mr. Overend in the Chair.

Dr. Favell exhibited—

1. Two small portions of lung taken from a man, by trade a butcher, who had died of pneumonia in the third stage, with purulent infiltration. The specimens exhibited were dense, dark colored, sunk readily in water, and contained a quantity of cretaceous matter. They bore a very close resemblance to the specimens of diseased lung taken from the bodies of grinders, exhibited during the session, and, in Dr. F.'s opinion, throw some degree of light on the pathology of grinder's asthma.

2. A portion of the aorta with the two iliac arteries taken from a man, aged sixty-six. The lining membrane of the aorta contained several patches of yellow discoloration. In the left iliac artery there was a deposit of bone of more than half an inch in length on the side of which ulceration of the lining membrane had commenced.

3. The left lobe of the liver in a state of cirrhosis. The specimen was obtained from the body of a man, aged sixty-six, who had died from an affection of the chest. Until he became confined by his last illness,

which was of considerable duration, he had been in the habit of taking severe exercise. By trade he was a slaughter butcher, and indulged greatly in field sports; a very favorite exercise with him was following the hounds on foot. It was his custom to take a quantity of hot brandy or rum and water almost every night before going to bed; he was not, however, a drunkard.

Mr. Parker exhibited a portion of the ileum taken from a man who had died of fever complicated with severe bronchitis. Peyer's glands were greatly enlarged and ulcerated, and a large deep ulcer also existed in that portion of the intestine which is situated nearest to the ileo-cœcal valve.

Mr. Wilkinson, of Rotherham, afterwards detailed the particulars of a case where considerable cerebral disturbance resulted from an overdose of Godfrey's cordial. The quantity administered was only a teaspoonful, and the druggist declared that there was only two drachms of tincture of opium in a pint of the cordial. The child, aged three months, was taken ill shortly after swallowing the dose, and suffered from oppression of the chest, attended with a peculiar shrill crowing sound in *expiration*, which led its parents to apply two leeches to the chest under the idea that it was suffering from croup. In four hours and a half afterwards, the child was visited by Mr. Wilkinson, who found it in a state of insensibility accompanied by spasmodic rigidity of the whole frame. The face was greatly distorted, the eyes fixed, and the pupils permanently contracted but insensible to light; the fontanelles were pulsating violently, and the pulse at the wrist was full and very frequent; the surface was hot and of a somewhat livid color. In about an hour and a half symptoms of exhaustion presented themselves, and once or twice the child seemed to be dying of asphyxia. These symptoms continued with little variation for nearly twelve hours, and it was not till fourteen hours after the commencement of the paroxysms that the infant was able to take the breast, after which time it rapidly recovered.

The treatment consisted in the application of a leech to the head, the occasional effusion of cold water, and the application of sinapisms to the legs.

THEORY OF REPARATION.

The fibrous aggregation of the particles of fibrin seems, therefore, to be the real process of coagulation, whether upon a living or a dead surface. By Dr. Barry it is imagined that the appearance of fibres in the coagulum is due to the rupture of some of the blood-discs in which he believes fibres to be generated, and the consequent escape of the latter; but it seems to be forgotten by him that fibrin will coagulate without any blood-discs, as when the latter are separated by filtration, according to Müller's celebrated experiment upon frog's blood; or when the chyle, in which no blood-discs are to be found except by an accidental admixture, is withdrawn from the thoracic duct. Moreover, as Mr. Gulliver's figures (Gerber's Anatomy, Figs. 244-6), all copied accurately from nature, clearly show, a small portion of coagulated fibrin contains a far larger number of fibres than we can imagine to be contained in the number of blood-discs that would fill the same space. The author has lately discovered a very interesting example of a membrane composed almost entirely of matted fibres, which so strongly resembles the delineations of fibrous coagula given by Mr. Gulliver, that he cannot but believe in the identity of the process by which they are produced. This is the membrane enclosing the white of the egg and forming the animal basis of the shell. If the shell be treated with dilute acid a tough membrane remains, exactly resembling that which lines it; and if the hen has not been supplied with lime, there is no difference between the two membranes, even without the action of acid on the outer one. Each of these membranes consists of numerous laminæ of most beautifully matted fibres, intermixed with round bodies exactly resembling exudation cells. It is in the interstices of these fibres that the calcareous particles are deposited which give density to the shell; these membranes are formed around the albumen which is deposited upon the surface of the ovary during its passage along the oviduct, from the interior of which the fibrinous exudation must take place. All these facts clearly indicate that, for the reparations of injuries, *inflammation* is not an essential change; since the ordinary fibrin, which is continually being applied to the purposes of nutrition, is capable of passing spontaneously into the organised condition, and thus of forming a regular tissue, for the more complete organisation of which, nothing is required but the extension of vessels into it from the subjacent surface. Thus a strong confirmation is afforded to Dr. Macartney's doctrine, that the reparation of injuries is best effected by a process resembling the ordinary nutrition of the tissues, and that our therapeutic efforts should be directed to promote this and to keep down inflammation.—*British and Foreign Medical Review.*

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, March 17, 1843.

P. Hubbert, T. A. Warren, W. Williams, T. Hawkins, P. A. Boyle, J. B. Davis, J. Allan, J. R. Pope, J. T. Jenkins, J. S. Nott, J. H. Coveney.

TO CORRESPONDENTS.

The communication of *Dr. Inglis* on Indian Hemp, and *Mr. Worthington's* case of Calculus of the Appendix Vermiformis, shall appear in our next Number.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS TO DR. HENNIS GREEN, 58, MARGARET STREET,
CAVENDISH SQUARE, LONDON.

Printed by SAMUEL TAYLOR, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by HENRY RENSHAW, at his residence, No. 356, Strand.—Saturday, April 1, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 132.] LONDON, SATURDAY, APRIL 8, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CLINICAL LECTURES ON SYPHILITIC DISEASES,

DELIVERED AT THE QUEEN'S CLINICAL HOSPITAL, BIRMINGHAM.

By LANGSTON PARKER, Esq.,

Surgeon to the Queen's Hospital, &c.

Lecture III.

PRIMARY AND SECONDARY FORMS OF VENEREAL WARTS, AND CONDYLOMATA.

CASE.—A female, aged twenty-four, was admitted into the Queen's Hospital, under my care, on September 28, 1842. She appeared well in health, and presented none of that peculiar sallow expression of countenance which generally marks a constitutional syphilitic taint, and is commonly termed "cachexia syphilitica." Her local complaints were a muco-purulent discharge from the vagina, with a great number of large fungoid tumors of a dirty brown, or copper color, extending over the labia, the inside of the thighs, the nates, and vicinity of the anus. One isolated excrescence, of the same character in all respects as those in the organs of generation, existed in the right axilla, and this wart had appeared soon after those in the other parts of the body. These warts had broad bases, and granular surfaces resembling very much the top of a cauliflower; they were none of them in a state of abrasion, excoriation, or ulceration, but the surface of some of them was covered more or less with a muco-purulent matter. Many of these tumors were seated on the common integument, others immediately around the orifice of the vagina, and others again, though they were exceedingly small, just within the vagina itself. The latter were not larger than pins' heads; they were exceedingly numerous, and had not the brown or dark-colored character of the larger excrescences on the common integument. We discovered no other disease on any part of the skin or mucous membranes, no eruptions of a papular or scaly character on the body, and no ulceration of a superficial or deep-seated kind in the throat; the eyes also were free from disease, neither did the hair come off. All these points were, as we shall afterwards see, of extreme importance in aiding us to determine the precise nature of the affection.

History of the Disease.—In syphilis, perhaps more than in any other class of diseases, is a correct history of the case important; and what is most unfortunate, the statement of patients, whatever be their rank of life, is less to be depended on in these than in almost any other affections. Our patient stated that she had been free from all disease till seven months previously, when she perceived a discharge of a white character from the vagina. This continued untreated. Some weeks after these excrescences began to make their appearance, first on the labia, then about the nates and anus, subsequently upon the thighs. The precise time of the appearance of the excrescence in the axilla is not known, although it was never present till those on other parts were manifested. I supposed, from the general history of the case, that it was one of neglected gonorrhœa, and the warts, fungi, or excrescences were the result of the continued irritation kept up on the thighs, nates, and other parts by the gonorrhœal matter with which they were literally soaked. The wart in the axilla did not alter my opinion, since it was very possible, and was extremely probable, that some of the discharge from the surface of these warts might have found its way there by some means or other, and the discharges from the surfaces of such diseases very commonly produce warts wherever they come in contact with the healthy skin.

We proceeded, however, to render our diagnosis more perfect and satisfactory by submitting the patient to an examination with the speculum, which showed us the whole mucous membrane of the vagina more or less inflamed, that portion covering the os uteri being puffy and elevated. The whole of these parts were covered with a muco-purulent discharge, proceeding from the inflamed surfaces; but we discovered no abrasion, no excoriation, no ulcer of any kind, large or small, neither were there any pustules or papulæ; the orifice of the vagina only for some distance was studded with the same warts of very small size. There was now no doubt the case was one of pure gonorrhœal vaginitis, and as she had used no remedies it furnished an exceedingly instructive example of the natural history of the disease.

Treatment.—The patient was ordered to bed, placed on low diet, some few doses of ordinary aperient medicine were given, and a tent or plug soaked in a solution of the sulphate of zinc was passed into the vagina. The strength of the solution was about two grains to the ounce. I administered no remedies which in reference to gonorrhœa are termed specific; I allude to the various preparations of copaiba and cubebs. They were not prescribed for the simple reason that, although gonorrhœa is generally so powerfully influenced by them in the male, in the female they are totally inert unless the gonorrhœa appear to be seated in and confined to the female urethra—an exceedingly rare occurrence.* When the difference of parts affected in this disease, in the two sexes, is borne in mind, it will not surprise you that the remedy which cures the male shall be totally inert when given to the female. Not that the disease is more difficult to cure in the female; I think it is generally more easily done; but they are local remedies we must depend on. The argentum nitratum passed in a solid state over the surface, or strong solutions of this salt, or the sulphates of zinc, alum, or copper will generally succeed; but copaiva and cubebs are useless. We treated the gonorrhœa then with astringent solutions, not injected, but passed into the vagina on a large roll of lint, which was suffered to remain, being withdrawn occasionally and resoaked in the solution. The low diet, the rest, the astringent injection, and the absence of excitement, soon worked a cure; in about ten days the gonorrhœa was well. The excrescences also were sponged with the solution of the sulphate of zinc, and then dusted thickly over every morning with a powder composed of equal parts of colomel, and powdered savine leaves (the pulvis sabinæ). After using this remedy some few times the irritation produced by the powder was considerable, and the patient complained much of it; nevertheless the tumors were very much reduced by its use, and it was for some time persevered in. The irritation at length obliged us to change the mode of application; a strong solution of the bichloride of mercury in spirit was then employed, in the proportion of ten grains of the salt to an ounce of spirit. With this preparation the dresser, Mr. Mackenzie, pencilled over the surface of the warts every other morning. Under this plan they rapidly decreased; and at the end of the sixth week the patient left the hospital cured, and so completely so, that all roughness even of the integument had disappeared.

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* The slightest anatomical knowledge will at once show us the nature of the difference between gonorrhœa in the male and in the female. The urethra in women has no relation with coition; it is situated out of the sphere of the activity of the gonorrhœal virus; and if the urethra seems to suffer in women during a gonorrhœa, it is that the orifice of the canal which opens into the vagina is sometimes inflamed. Gonorrhœa in the female is confined to the mucous membrane of the vagina, covering the neck and mouth of the uterus, and in the orifice of the urethra, where it opens into the vagina. The pain in making water in these cases is explained by the urine irritating the inflamed orifice of the urethra over which it passes, or by touching in the vulva the parts already inflamed. (See Swediaur, "Treatise on Blennorrhagias of the Genital Parts," pp. 183, 1843. London, 1819).

Of Fungoid Syphilitic Diseases, Vegetations, or Warts.

These excrescences appear on the skin or muco-cutaneous surfaces of the male and female organs of generation, both in the primary and secondary forms of syphilis. They are variable in appearance and consistency, sometimes resembling common warts on other parts of the integument, and at others presenting a surface so fibrous, or granulated, that they have been supposed to resemble the root of the leek or the surface of the raspberry (Wallace on the Venereal Disease, p. 334).

These fungi, excrescences, warts, or vegetations, by all which names they are indiscriminately known, grow from the surfaces of the skin in the immediate vicinity of the organs of generation, or from the under surface of the prepuce, and from the glans penis in the male; and in the female from the labia majora, the nymphæ, or the entrance to the vagina itself, which they sometimes entirely surround.

These warts or excrescences arise from several causes. In the first instance, they are commonly produced by the irritation excited by the gonorrhœal discharge on the common integument in the vicinity of the organs of generation, and they are commonly produced by the same discharge on what are termed the muco-cutaneous surfaces of these organs (by the muco-cutaneous surfaces I mean those where the skin and mucous membranes insensibly blend into each other). On the pure mucous surface itself the warts are rare, though they may sometimes be found in the orifice of the urethra, or at the entrance to the vagina, as happened in the present instance, where the orifice of the vagina only was studded with a number of small hard elevations, which were doubtless warts in their incipient state. Warts, then, are caused in the first instance by the irritation produced on the common integument, or the muco-cutaneous surfaces of the organs of generation, by the irritation of pure gonorrhœal discharges. They are caused, secondly, by superficial forms of irritation, excoriation, or ulceration *of a venereal character*, seated on the surfaces to which I have just alluded. These are most common in the male, and are situated on the glans penis itself, more commonly round the corona glandis, or on the under surface of the prepuce, these being properly muco-cutaneous surfaces. In the third instance, they arise from the surfaces of primary venereal sores themselves, from chancres or ulcers during the period of healing or cicatrisation, and most commonly this takes place when venereal ulcers are treated on the simple or non-mercurial plan. In such cases, more particularly when the patient is suffered to follow his customary avocations during the treatment of the primary syphilitic sore, the latter heals slowly and with difficulty, occasionally remaining stationary for many days together, and showing neither disposition to heal nor spread, although its surface may be covered with healthy granulations. In such cases, I repeat, when the sore does close, instead of skinning over or cicatrising in the usual manner of an ordinary ulcer, the surface assumes a hardened character and begins to grow or throw up this hardened substance, which ultimately assumes the aspect of a wart or vegetation. In this way is the third variety of venereal excrescences produced.

You are well aware that syphilis is divided by practitioners into two grand phases or stages—the primary, in which the disease is more or less local, and the secondary or constitutional, where the system generally is contaminated. All the varieties of warts that I have as yet described to you belong to the different forms of primary syphilis. Vegetations or warts, however, are commonly met with as symptoms of constitutional syphilis, and they are then more commonly termed condylomata. "The secondary forms of syphilis on some occasions strongly resemble the primary forms; and hence it is, that although the varieties of which we have just spoken are produced, like all the other forms of primary syphilis, by the direct application of the venereal poison, they present a striking resemblance to certain excrescences, or fungous growths, commonly denominated condylomata, which result from contamination of the system. However, with proper attention, primary condylomata can easily be distinguished from secondary condylomata; for the latter are uniformly accompanied or preceded by other symptoms which point out constitutional disease, and particularly by a very slight scaly or rubeoloid eruption, either with or without a superficial affection of the mucous membrane of the mouth and fauces" (Wallace, pp. 388, 389).

The secondary condylomata are not always accompanied by affections of the skin or throat, but "they appear as a distinct symptom of constitutional syphilis in advanced periods of the disease." It is of the first importance to distinguish between these two varieties of warts—viz., the primary and the constitutional, since the treatment suited to the one is not admissible in the other. The first varieties are generally purely local, and may be cured by local means; the second are constitutional, and require a general treatment for their eradication. In forming our judgment as to their true character, we must be guided by the history of the case, the preceding and accompanying symptoms, and the appearances of the disease itself. "They are not so hard as primary warts; they are more of a fleshy nature, more tender, and more apt to bleed. They have a more uniform surface; and instead of being formed of a number of smaller warts connected together (as in the case before us), they are composed of one uniform mass. They do not approach so near the verge of the anus as primary warty excrescences generally do, being for the most part of the greatest extent, and most elevated near the tuberosity of the ischium. In some cases they become ulcerated, and discharge a great deal of very offensive matter; for the most part the ulceration which takes place being superficial, and not reaching below the surface. Like the other symptoms of constitutional syphilis, these excrescences either continue in the same state, or become gradually worse, as long as no remedy is employed constitutionally for the cure of the disease" (B. Bell on Gonorrhœa Virulenta and Lues Venerea, vol. ii., pp. 125, 126, 127).*

You will then, Gentlemen, bear in mind that venereal warts, excrescences, or condylomata, arise on cutaneous, muco-cutaneous, or mucous surfaces, though more rarely on the latter—

1st. From the irritation there produced by purely gonorrhœal discharges, as in the case which furnishes the materials for this lecture.

2nd. From superficial ulceration or excoriation of a purely venereal character.

3rd. From the cicatrices of excavated ulcers.

4th. As a symptom of constitutional or secondary syphilis; the three first kinds belonging to the different forms of primary syphilis.

"Whatever tends to excite the flow of an unusual quantity of blood to the penis, seems to create a disposition in these parts to the formation of warts. Irritation produced on the prepuce and glans, as we have seen, by a variety of causes, disposes the small blood vessels of the part to sprout or pullulate, by which these warty excrescences appear to be formed" (Bell, vol. i., p. 414).

"We have mentioned irritation as a cause of these excrescences, but it is only the slighter kinds of it that seem to produce them. They often succeed to a slight degree of inflammation, but never form on parts highly inflamed; on the contrary, much inflammation destroys the tendency in these parts to the formation of warts, insomuch that our most effectual remedies in the cure of warts, and for preventing a return of them, are such as always excite a good deal of pain and inflammation" (Bell, vol. i., pp. 416, 417).

Contagious Character of Warty Excrescences.

"The surface of these fungi or vegetations frequently secretes a puriform discharge, and this discharge has a power of propagating a disease similar to that which produced it" (Wallace, p. 335).

In proof of this assertion, I shall bring forward a case which Sir A. Cooper used to relate in his lectures. "A gentleman in Sussex was called to attend a lady in labor; he felt something in the vagina which appeared unintelligible, and on examination found it to be a crop of warts. He delivered her, but did not say anything about the warts to the lady. In conversation with the husband, he told him that his lady had a number of warts. The gentleman stated that at the time he was married he had a wart on the penis, and he had no doubt that he had communicated them to his wife" (Cooper's Lectures, p. 497). This case shows that warts occasionally, though the circumstance is rare, spring from a purely mucous surface; it proves also, beyond a doubt, their contagious character.

It is asserted by some authors, though denied by others, that all the varieties of syphilis are infectious; and Dr. Wallace more particularly asserts that each has a disposition to produce its like. "We have a remarkable proof of this assertion in the effects occasionally resulting from the application of matter secreted by these fungi; for although they may have been caused by poison derived from an excavated ulcer, their secretions, as we have seen, will most generally produce vegetation of their own kind" (Wallace, p. 335).

Pathology of Warts, or Primary Excrescences.

These warts, or primary excrescences, grow in many instances from the epidermis, their attachment being so slight, that on being removed the cutis vera is left entire. In other cases they proceed from the skin itself; they have not been observed to go deeper than this (Bell, vol. i., p. 413). Hunter seemed to entertain the idea that generally they are produced from the surface of the cutis vera. This corresponds pretty much with the opinion of Dr. Wallace, who believes that these vegetations have sometimes their origin in the papillary body covering the cutis vera, and sometimes in the rete mucosum itself.

Treatment.—We now come to speak of the treatment of vegetations; and here I must beg you to recollect what I have said with regard to the divisions of these affections into the primary and secondary forms. The primary forms being generally purely local diseases, are in most instances to be removed by a treatment purely local; the secondary, resulting from a poisoned or infected constitution, as generally require a constitutional or general treatment for their cure.

Treatment of the Primary Forms.—The primary forms of warty venereal excrescences are generally to be cured without great difficulty by local applications or means, either by the knife or the application of escharotic or irritating remedies. Hunter says, "They are so little of the true animal, and so much of the disease, that many trifling circumstances will make them decay; an inflammation in the natural and sound parts round the wart will give it a disposition to decay; many stimuli applied to the surface will often make them die. Electricity will produce action in them which they are unable to support; an inflammation is excited round them, and they drop off" (Hunter, p. 268). These are the principles which are to guide us in the treatment of these forms of disease; the application of remedies which, producing irritation and inflammation in the surrounding integument, dispose the wart, in which the vital actions are very feeble, to drop off. The knife or ligature may be resorted to where the apex of the wart is large, and the base pedunculated or narrow. Where the base is broad, and its attachments to the skin extensive, it is better to trust to the remedies already mentioned, which we shall presently pass in review more particularly. Hunter mentions as escharotic remedies the nitrate of silver and the sulphate of copper; as stimulants, a mixture of equal parts of the acetate of copper and the powder of savine leaves. When the knife or ligature are used, it is always advisable to touch the cut surface with some caustic.

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* The secondary forms of condylomata are termed by the French writers *mucous tubercles*, mucous papulæ; they differ in nothing from the description I have already given except in the name. The term condyloma is derived from a Greek word, signifying a tubercle or knot, and is generally, although not always, applied more particularly to the secondary forms of venereal excrescences.

In the more ordinary cases these excrescences may generally be removed by bathing them and the contiguous parts several times a-day with a strong solution of the muriate of ammonia or the bichloride of mercury in the following proportions:—

Muriate of ammonia, one ounce;
Distilled vinegar, two ounces;
Water, two ounces.

Bichloride of mercury, half an ounce;
Spirits of wine, one ounce;
Water, three ounces.

With these applications the warts may be sponged freely several times a-day, till as much irritation and inflammation are excited in the surrounding parts as the patient can reasonably bear. In mild and recent cases these remedies will generally accomplish a cure. When the surfaces of the warts are hard, if they are of long standing, or do not yield to the remedies already mentioned, it becomes necessary to employ escharotics and irritants of a more powerful character. When such are used, the parts "should be merely moistened with a pencil dipped in them, nor should this be repeated above once in two or three days." Amongst these stronger preparations are solutions of the argentum vivum in pure nitric acid, one ounce of the former in two ounces of the latter; the tincture of cantharides and the liquor potassæ arsenitis are useful employed in this way. Arsenic was a favorite remedy with Sir A. Cooper in the destruction of warts. He employed an ointment composed of one drachm of the oxide of arsenic (arsenious acid) to one ounce of spermaceti ointment or lard, the surface of the warts to be smeared with it frequently, according to circumstances. Powders which, when dusted over the warts and integument in their neighbourhood, irritate and inflame the latter, are generally more efficacious than solutions of the same substances. Amongst these may be mentioned equal parts of the savine powder and chloride of mercury (savine leaves powdered and corrosive sublimate, and the hydrargyri nitrico-oxydum).

Savine powder, three drachms;
Bichloride of mercury, three drachms;
Nitrous oxide of mercury, three drachms.

He may also use for this purpose equal parts of the dried or burnt alum, and the nitric oxide of mercury. "After these warts have been removed, by local irritants or by the knife, it will be necessary to use some astringent lotion, to restore tone to the capillaries of the diseased surfaces, and to remove any excoriation or catarrh which may have coexisted with the fungous growths" (Wallace, p. 337).

We may now inquire whether these vegetations, which are the consequence, as we have seen, of some forms of purely syphilitic diseases, require mercury for their cure, or for the prevention of their return, since in many instances they are very liable to do so. Mercury is unquestionably not required for the removal of the first form of venereal warts which are produced by the irritation of gonorrhœal discharges. Nor do we conceive it can be ever required for the cure and prevention of the second variety, which we have stated to be the result of venereal excoriations. In the treatment of the third variety it is possible that mercury may be occasionally required. This last form of vegetation, which springs from the surface of the excavated ulcer, rarely occurs where mercury has in the first instance been judiciously used for the cure of the primary ulcer. You will bear in mind, then, that a primary venereal ulcer for which mercury is judiciously employed, is less likely "to heal into a wart" than when such remedy has not been employed.

In ordinary and long-standing cases of vegetations which are the result of venereal sores, mercury will not be required, and we must in most instances trust to local remedies only. Hunter and Bell express themselves strongly on this point. "These excrescences (says the former) are considered by many not as simply a consequence of the venereal poison, but as possessed of its specific disposition, and therefore they have recourse to mercury for the cure of them; and it is asserted that such treatment often removes them. Such an effect of mercury I have never seen, although given in such quantities as to cure in the same person recent chancres" (Hunter, p. 268).

The latter says, "The warts which succeed to chancres commonly remain equally firm and obstinate after mercury has been given as they were before, and are to be removed by the same means as if the constitution had never been diseased. This is a point which in a particular manner merits attention, for whilst the opinion is retained of warts on these parts being, in most instances, connected with a constitutional syphilis, much mischief is apt to be done by a great deal of mercury being given where no advantage can ever ensue from it. In the treatment of warts I have known the constitution almost ruined by one course of mercury after another, without any effect upon the excrescences, which were afterwards easily and speedily removed by remedies applied directly to the parts themselves" (B. Bell, pp. 415, 416, vol. i).

In the very recent state, where they spring from the surface of an ulcer which has been treated without mercury, they may, in some cases, be removed by the administration of this medicine in the usual way in which it is employed for the cure of chancres generally; but this, unquestionably, should not be done till local remedies have been fully tried, and found to fail. In the very recent state, then, of fungi springing from the surface of ulcers treated without mercury, this remedy may and should be employed if local means fail. If, again, warts have been removed by the knife, a plan certainly not generally to be recommended, and the cut surface run into a foul intractable sore, mercury may be employed for the treatment of such sore, which is, in all probability, specific. In all other instances of primary warts mercury must be abstained from, since not the least probable benefit is to be expected from its employ.

Treatment of Constitutional Warts, Condylomata, Mucous Tubercles, &c.

The treatment of the secondary forms of venereal excrescences is to be conducted on principles totally different from those which guided us in the management of the primary forms. Here local treatment is of comparatively little use, and constitutional or general treatment is most to be depended on. When, then, we are fully satisfied, from the history of the patient, the appearance of the disease itself, and the preceding or accompanying symptoms, that we are called to treat a case of this nature—if there exist no special indications in the constitution or state of the patient at the time he is presented to us, we should lose no time in submitting him to a mercurial course under the rules which ought generally to guide us in the administration of this drug. The medicine is to be employed in small and gradually increased doses, till mercurial fœtor of the breath, and considerable soreness of the gums, are produced. We are then not to discontinue the remedy altogether, but to diminish the dose so far as to enable us to keep up those effects I have mentioned, but not to increase them if possible. It is not always possible to limit the effects of mercury to just what we wish, neither is it possible to know, on first submitting a patient to the action of this remedy, what quantity it may be necessary to give before the effects we wish are produced. Great speculations have been made by the earlier modern writers on syphilis upon this point, but no certain rules can be given as to the quantity of mercury necessary to be employed for the cure either of its primary or secondary forms. Sometimes the constitution is soon brought under its influence; at other times a considerable period elapses before this takes place, more especially if the patient be irregular in his mode of living, commit errors in diet, or expose himself to cold or damp. The success of a mercurial course depends almost entirely on the mode in which it is conducted; and certainly no article of the materia medica is generally more certain in its effects than is mercury in the cure of certain forms of primary and secondary syphilis, when administered in a proper way; neither is there any more injurious or dangerous in its effects when it is given carelessly, without reference to the habits or constitution of the patient, or to the dose or form of preparation of the drug itself. When, then, it is determined to submit a patient to mercurial action, he should be confined to the house, and, if possible, to a moderately warm room. If this cannot be done, the weather be damp or cold, and the season winter, I would advise you rather to omit the plan altogether, unless the case be one of extreme urgency, than to expose your patient to the risks he must inevitably run. At all events, it will be necessary for you to state explicitly and clearly to him the nature and probable ill effects, under such circumstances, of the remedy he is about to use. When you have confined your patient to his room, it is as well at first to administer a mild aperient, for afterwards the action of the mercury is better brought to bear if the bowels are suffered to remain inactive for two or three days together. We may commence by giving five grains of the blue pill night and morning, with half a grain of opium, and one of capsicum. This plan may be followed for three or four days, and if, at the end of that time, no fœtor of the breath be present, let the patient, in addition to the internal administration of the mercury, rub a drachm of the stronger mercurial ointment into the inside of one thigh at night till it disappears. We may go on in this way for three or four days more; and it most commonly happens that during this period of time the effects we wish become manifest. Should they do so, we must diminish the dose of the medicine; the rubbing in may be practised every other night, and only one pill in the day may be taken, or, what is better, half a pill night and morning. If the mouth get better, and the disease have not given way, the quantity of mercury must be a little increased; if, on the contrary, profuse ptyalism or ulceration of the mouth be threatened, the dose must, in a corresponding degree, be diminished. Should the remedy, in the doses I have mentioned, not produce its effect on the system, we must push it still further, by rubbing in more frequently, and on both thighs. It is better, however, to be patient for awhile, and examine whether there are not some circumstances which may have interfered with the action of the remedy. A too frequent action of the bowels will do this; if this occur, the quantity of opium in the blue pill may be increased from half a grain to a grain, or the internal administration may be given up, and we may rely upon the frictions alone. The patient may chew mustard-seed or pepper-corns frequently during the day, and two or three folds of flannel may be pinned round the abdomen. Attention to these matters, which in themselves may appear trivial, but which really are not so, will very commonly succeed better than by increasing the quantity of mercury; at least, they should be at first tried. We should succeed with as little mercury as we can, not try how much is required to produce a certain effect. If mercury be thrown in, in such cases, too quickly, in too large quantities, or the dose hurriedly increased before the constitution becomes in some measure habituated to it, the effects produced are very commonly irregular; troublesome ulceration of the mouth suddenly comes on, with profuse salivation—effects in some instances more troublesome to be got rid of than the venereal affection itself. These are also the circumstances which have brought discredit upon mercurial treatments.

Diet frequently interferes with the success of a mercurial course as much as exposure to cold or damp. The patient should live on plain food, no high seasoned dishes—animal food once a-day, with light bread or flour puddings—no vegetables—green ones must be entirely interdicted, as well as fruits; a well-boiled potato is all that can be allowed. Milk in the morning and evening, thickened with flour or oatmeal, is extremely proper. No malt liquor of any kind should be permitted, but I believe the patient may take with benefit a small quantity of negus, or weak brandy and water. Mercury is less likely to pass off by the bowels when the latter beverages are used than when water only is taken, and nothing interferes more with the success of the mercurial plan. By pursuing a mercurial course under the guidance of these principles, we shall, in a vast majority of cases, succeed in producing the effects upon the constitution which we had wished and intended.

Having given you general directions in what manner a mercurial course is to be conducted, it remains to be considered how long such course is to be persevered in, in order perfectly to cure the disease for which it was prescribed. On this point, also, no fixed rules can be laid down, though many general directions may be given which will materially assist you. If the case be well selected, and mercury judiciously employed, the patient is for the most part very quickly cured, when the constitutional effects of mercury become fully manifest. Up to that period no effect whatever is produced on the disease, which in many instances progresses very rapidly, till the gums become sore, when the morbid process is at once arrested. In other cases it happens that after the mouth is affected the disease remains stationary for a longer or shorter period, when all at once the reparative or curative action is set up. I have more than once been surprised at the great suddenness and rapidity with which some affections of this character disappear under the action of mercury. I have seen more than once the induration surrounding a primary venereal sore, of a very marked and formidable character, disappear in one night, even after no influence had at first appeared to be exerted upon it by the mercurial action, which had been fully established many days. The same remarks hold good with regard to venereal ulcers of the throat, which sometimes remain stationary for many days after mercurial action has been moderately established; and it is not till some marked constitutional disturbance is produced by the mercury that the local disease yields, which it then does in a very rapid and remarkable manner. When the local disease, whatever it may be, has disappeared under the mercurial action, it is not, perhaps, prudent to discontinue immediately and at once the further exhibition of this medicine, but some of its sensible effects upon the system should be kept up for some days after the local disease has disappeared.

I have already explained to you that the second variety of venereal excrescences is a constitutional venereal disease, requiring a specific treatment for its cure, and hence, unless specially contraindicated, a full mercurial course is the best remedy. Mercury generally cures secondary syphilis with more certainty than the primary disease, and hence it becomes worse than idle in such forms of disease, to submit our patient to the use of other remedies whose success is uncertain. If we were to speak of the three forms of venereal diseases in their comparative facility of cure, we should say that a gonorrhœa was the most difficult of cure, a chancre next, and that the easiest to cure were the secondary forms of disease, limiting this expression to affections of the skin and mucous membrane of the throat and fauces. I would make a remark here in reference to the use of other remedies which have been proposed for the cure of the secondary form of syphilis, but more particularly with regard to the use of the hydriodate of potass; and it is necessary here to mark distinctly the different phases through which venereal diseases pass. In the first instance, those diseases are termed primary which are produced by the local effects of the poison—these are the great varieties of chancres, buboes, and their attendant evils. Those diseases are termed secondary or constitutional, which result from the contamination of the system generally, from the absorption of the virus and mixture with the blood. The latter class have undergone a twofold division, into the primary and secondary order of parts. The primary order of parts affected in constitutional syphilis are the more external structures of the skin, the epidermis, rete mucosum and papillary body, the mucous membranes, particularly that of the mouth and fauces. The secondary order of parts are the bones and periosteum, the glands, and the deeper structures of the skin, as the cutis vera. M. Ricord, to avoid the confusion in some measure occasioned by Hunter's division of the constitutional disease into the primary and secondary order of parts, has divided the stages of syphilis into the primary, secondary, and tertiary, the secondary and tertiary corresponding with Hunter's primary and secondary constitutional affections. These divisions, which are in no measure arbitrary, are in a practical point of view of the greatest consequence; since we find that remedies suited to one stage are not so well applicable to either of the others. To the secondary forms, properly so called, no medicine is so well adapted as mercury, and no known remedy cures them as well, as speedily, or as certainly. The hydriodate of potass is perhaps as successful in the cure of tertiary forms of disease as mercury is in the treatment of the secondary, and it is from a want of knowledge of or attention to this fact, that the hydriodate is so commonly unsuccessful in constitutional syphilis. The hydriodate of potass is not generally suited to the secondary forms of syphilis, to the papular or scaly eruptions, or to ulcers of the throat. If amendment take place under its use it is not to be depended on, relapses are continually taking place, and the moment the patient leaves off the medicine the disease very commonly returns; "the syphilitic diathesis remains."

You will, Gentlemen, then bear in mind, as a point of vast practical importance, that to the secondary forms of syphilis the hydriodate of potass is not generally suited. I have seen such a number of instances of its failure, so many relapses after apparent benefit, that I advise you not to employ it—at least, till after mercury has failed. I speak positively on this point, because there are very vague notions afloat with regard to the use of this remedy in syphilis; it is, in some forms of disease, the remedy, *par excellence*, but not in the secondary stages. I had occasion to see a gentleman with the pure excavated ulcer of the tonsil, one of the most regular forms of secondary syphilis, who had separately consulted in different parts of the kingdom six or seven surgeons, who had all prescribed the hydriodate; he was some days better, and others as bad as at first. The remedy had kept him suspended something like Mahomet's tomb—between earth and heaven, between disease and health. He was cured completely and permanently by a mercurial course. In my next clinical lecture I shall bring forward several cases of the tertiary forms of syphilitic diseases of the testes and bones, which have been treated under my care, in the hospital, by the hydriodate. We shall then be able to discriminate more perfectly between those forms of disease which should be treated by this salt, and those to which mercury is applicable.

REMARKS ON THE INDIAN HEMP.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—It was with much pleasure that I read in your Journal the paper of Dr. O'Shaughnessy upon the beneficial effects of the Indian hemp in those cases which so often resist the influence of other remedies; and availing myself of the kind offer made by Dr. O'S., in his communication of the 4th of February, I immediately procured from Mr. Squire half an ounce of the extract of gunjah, as prepared by him.

At the time when I received the extract I happened to have a slight attack of rheumatism, and, in consequence, I commenced the trial of the gunjah upon myself. From the doses administered to his patients in India, as stated in his paper above alluded to, Dr. O'Shaughnessy found that half a grain was sufficient, in one instance, to induce catalepsy for several hours (p. 365), and that frequently the cataleptic state was brought on by the exhibition of one single grain (p. 364). I began, therefore, with half a grain of the extract, and in an hour repeated the dose; but I could not perceive the slightest effect from it. On the following night I prepared a tincture containing three grains of the extract in a drachm of alcohol, and of this tincture I took twenty drops; in two hours after I took sixty drops (equal to three grains of the extract); the pain, however, continued, and sleep was not induced. On the succeeding night I took five grains of the extract, and, no effect resulting, I thought I might with impunity at least try the effects of the gunjah upon my patients. I accordingly selected four men and four women, who had suffered for nearly two years from chronic rheumatism, and I gave the gunjah to each of them in half grain doses, to the extent of two grains in the day. In two of the women slight numbness of the legs was induced after the first grain of the extract had been taken; but in none of the others was any effect produced, nor was the sensation of numbness brought on again by repetition of the medicine.

The next case was that of a coach-driver, aged forty-five, who had been under the treatment of my friend, Mr. Tubb, from January 22 until the 11th of February, upon which day we commenced the use of the gunjah. At the beginning of the attack, in January, it was a case of acute rheumatism; it had now passed into the chronic form. At night, on the 11th, two half-grain pills were given without any effect; upon the 12th, six half-grain doses were given, at an interval of an hour between each; on the 13th, 100 drops of the tincture were given in two draughts, containing 50 drops each; and on the 18th, two five-grain pills were taken; and no beneficial effect being produced the patient could not be induced to continue its use, but returned to the more usual remedies, from which he thought he derived more benefit.

I do not, however, consider that this was a case wherein a fair trial of the gunjah could be made, in as much as a quantity of opiate medicines had been taken previous to its administration. The following cases, however, are not subject to this objection:—I allude to the cases of three young ladies, who, for reasons foreign to the subject-matter of this communication, were considered to require some gentle sedative; and as opium and its preparations induced restlessless, headache, thirst, &c., whilst hyoscyamus produced no effect at all, I thought the gunjah might be advantageously given, and accordingly ordered it for them in two and a half-grain doses. In two of the cases calm sleep was obtained without any disagreeable symptoms on the following day; but in the third, the pulse was much accelerated, the thirst was excessive, and general feverishness was induced; these symptoms were slightly alleviated by the addition of a grain of ipecacuanha to each pill. I had, nevertheless, in this case, to desist in consequence of the feverish excitement, and to discontinue the use of the gunjah in the other two, although it had, in them, produced a good effect, my small store of the extract having become exhausted.

The last case I shall mention is that of a gentleman, who, for many years, has suffered much from gout, sometimes in its pure form, sometimes combined with rheumatism. On the night of the 15th of March I first commenced the gunjah. He took five grains of it about ten o'clock, soon after which he fell into a quiet sleep; and remaining in this state for about nine hours he awoke, much refreshed, and quite delighted with the remedy; pain, however, returned towards night, and at ten o'clock he took a pill containing two and a half grains of gunjah; this was repeated in the morning at three, and again at half-past ten. I then saw him. The pulse was quickened; he complained of thirst; but there being a moisture upon the skin which I attributed to the gunjah, and the tongue being moist and clean, I ordered it to be continued; and at half-past twelve he took another pill, containing two and a half grains, which was repeated at four, p.m. In the evening the symptoms continued nearly as they had been in the morning, with rather more perspiration about the neck and chest. Five grains more were ordered to be taken during the night, five were repeated in the morning, and upon the night of the 18th another five-grain pill was taken. On the morning of the 19th the pain was unabated; he was restless; the pulse from 100 had risen to 130; there was much thirst, but the tongue was still moist and clean. I thought that the gunjah had now had a pretty fair trial, my patient having taken, from the night of the 15th to the night of the 18th, thirty-two and a half grains of the extract. At the patient's own request he took again, on the night of the 21st, eight grains of the extract, hoping that as no sleep for above an hour at a time had been obtained since the first administration of the gunjah on the 15th, probably the same beneficial effect might be produced as then; but no—the pain continued, restlessness increased, and not the slightest tendency to sleep was felt.

From what has been said it would appear, either that much larger doses of the gunjah can be taken with impunity by Europeans in their own country than by the inhabitants of India in theirs, or that the drug has become much deteriorated, which deterioration must have taken place either by the decomposition of its active principle, or from the fugations or volatile nature of that principle, which latter is not, however, very probable. Mr. Ley, in his paper of the 22nd of February, notices this deterioration, but does not state the doses in which he administered the gunjah in this country. I had hoped, from the easily induced cataleptic state as narrated of the Indian cases in Dr. O'Shaughnessy's paper, that the pathology of that disease might have readily been investigated in the lower animals, and that by this drug phenomena, now nearly hidden, might have been in some degree elucidated.

Had any other statements regarding the use of the gunjah in this country appeared in your Journal I should never have thought of bringing forward the four I have done; but I considered that, after Dr. O'Shaughnessy's liberal offer to the profession, and Mr. Squire's kindness in so promptly transmitting a portion of the extract to me, I should but ill perform my duty did I not take this opportunity for thanking them whilst I make the result of these few observations public.

I am, Gentlemen,
Your obedient servant,
JAMES INGLIS, M.D.
Halifax, March 27, 1843.

CALCULUS
OF THE
APPENDIX VERMIFORMIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In reading last week's Journal, I was much interested in the report of Mr. Butler's case of Calculi in the Appendix Vermiformis Cœci. The thanks of the profession are due to that gentleman for giving publicity to his case, as it is much to be feared that both organic and functional diseases of the cœcum have not generally attracted that degree of attention which they evidently deserve, and that disorders of this viscus have either been frequently entirely overlooked, or mistaken for other abdominal affections. It is only of late years that we have been favored with any precise knowledge of the lesions to which this organ is liable, and for the information now extant upon this subject we are principally indebted to the labors of Dr. Copland, who, in addition to his own valuable experience, has arranged in his Dictionary of Practical Medicine all that is known relating to this important subject. With reference to calculi being found in the appendix vermiformis cœci, there can be no doubt, as Mr. Butler affirms, that it is of rare occurrence, consequently but few cases are upon record. It has been my lot, however, to meet with one which occurred in my own practice a few months since.

A lad, aged eleven, became greatly heated from over exertion, and shortly afterwards ate about two-thirds of a pint of plums, swallowing the whole of the stones. The same evening he complained of pain in the abdomen accompanied with retching. The following morning I was consulted. The mother informed me that in the act of vomiting a considerable number of stones had been ejected. He complained of a great increase of pain; the abdomen had become tumid, and exquisitely tender upon pressure; frequent vomiting; bowels costive; and tongue coated with white fur; pulse small and rapid; countenance pale and expressive of great suffering. These symptoms were regarded as indicating acute enteritis, brought on by the intemperance of the preceding day. The remedies usual in such cases were had recourse to. Leeches, calomel, purgative enemata, &c., were all tried in turn, but without affording any relief to the suffering patient. He lingered till the following day, when a sudden cessation of pain took place, succeeded by collapse and death.

Autopsy, Sixteen Hours after Death.

On laying open the abdomen, which was very much swollen, a considerable quantity of muco-purulent fluid escaped, containing flocculi. The convolutions of the bowels presented one agglutinated mass, the product of acute peritonitis. After unfolding these parts, with a view of ascertaining more clearly if any of the detained plum-stones had proved a source of inflammatory irritation in the course of the intestinal canal, two only were detected, lying loosely in the transverse arch of the colon. On arriving at the cœcum, it presented marks of having been the seat of a more intense degree of inflammatory action than the adjoining viscera. For the purpose of submitting this viscus to a more minute investigation, it was carefully removed and subsequently examined at my own house. The peritoneal surface was covered with an exudation of albuminous lymph, and the appendix adhered to the adjoining part. This process had also become gangrenous, which had given rise to a ragged perforation within an inch of its apex. Nearer to the cœcum could be felt a concretion, which at first was supposed to have been a plum-stone that had found its way within the appendix, but upon exposing it to view it was discovered to be a calculus, of a greyish color, about three quarters of an inch in length, and of an oblong shape. It was so beautifully impacted that I did not feel disposed to dislodge it for the purpose of analysis.

The specimen is deposited in a small collection of morbid anatomy at the Lowestoft Infirmary.

It may be here remarked that, on a *prima facie* view of the case, a degree of perplexity arose in my mind, not being able satisfactorily to account for the proximate cause of the symptoms. The calculus doubtless existed for some time previous to the period of his swallowing the plum-stones, although the patient apparently suffered no inconvenience from it. The latter circumstance, therefore, must be looked upon as the immediately exciting cause of the acute symptoms. When once a degree of intestinal irritation was produced by the introduction of a large quantity of indigestible matter, the cœcum, in common with the rest of the alimentary tube, would readily become involved, and the appendix, already predisposed to take on diseased action (owing to the presence of an extraneous body), would, as a matter of course, become the seat of active disease.

I remain, Gentlemen,
Your obedient Servant,
W. C. WORTHINGTON,
Senior Surgeon to the Lowestoft Infirmary.
Lowestoft, March 29, 1843.

TREATMENT OF DYSMENORRHŒA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Some months ago I addressed an inquiry to the members of the association as to the best mode of treating dysmenorrhœa, which elicited many replies, and as many different plans of treating that most troublesome disease. Since that period I have adopted the recommendations proposed, but, I regret to add, with very partial success, although the treatment has been modified according to the constitution of the patient and particular form of the affection. I am still of opinion that the most speedy and effectual remedy in a great majority of cases is the local abstraction of blood; yet, as this course is frequently objected to, and cannot be regularly practised, some other means must be resorted to. As a general remedy, I have found more benefit from the following draught, administered twice a day, for three or four days previous to the expected period, than from any other:—

Extract of stramonium, half to one grain;
Tincture of hyosciamus, one drachm;
Camphor mixture, eleven drachms.

I wish it was in my power to add that I had found any means equally successful in relieving the distressing and debilitating discharge which follows painful menstruation; and shall feel obliged for any suggestions as to the best mode of alleviating so common a disease.

Your obedient servant,
JONATHAN TOOGOOD.

Bridgwater, March 20, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, APRIL 8, 1843.

Our readers will peruse with satisfaction the accounts, which we publish in another part of this Journal, of the spirited manner in which provincial practitioners are coming forward, at this critical period, in the cause of medical reform.

The medical practitioners of Chichester and the adjoining towns have addressed a petition to the House of Commons, embodying the same sentiment as the memorial forwarded from Surrey. A memorial to the same effect, and signed by fifty-two members of the profession, was forwarded, from Liverpool, to Sir James Graham, on the 29th of March. On Tuesday last, the 4th of April, a numerous and highly respectable assemblage of the practitioners of the county of Worcester was convened by the central council of the Provincial Association, "to consider the propriety of petitioning Parliament on the measures now in contemplation for regulating the medical profession."

At this important meeting it was unanimously resolved to address a petition to both Houses of Parliament. The petition embodies what may be termed the medico-political creed of the Provincial Association; it contains three articles—viz., uniformity of the primary qualification, tested by sufficient examination; equality of rights to all persons so qualified; and the adoption of the representative system in the formation of the councils or governing bodies of the profession.

That the practical application of these three principles is essentially necessary to the well-being and proper organisation of the medical profession it is unnecessary for us to demonstrate; they are recognised by an immense majority of medical men in all parts of the United Kingdom; and we have merely to urge them with firmness and perseverance on the attention of the legislature to ensure their triumph.

With this view, we again earnestly entreat the friends of medical reform, in every part of the kingdom, to put forth their strength in aid of the cause which so vitally concerns the well-being of the profession and the public weal. Whatever is to be done must be done quickly. We believe that by a regulation of the House of Commons no petitions will be received after Easter; and we are fully convinced that *one* petition to the House of Commons, numerously signed, is worth twenty memorials to the Home Secretary.

Our chief hope of obtaining a satisfactory measure of medical reform, founded on the principles to which we have already alluded, must rest on an impartial and enlightened discussion of the whole question in the House of Commons. The wants and wishes of the profession should, therefore, be made known to the legislature; and it is desirable that this should be effected in the most public manner. The fate of memorials forwarded to the Home-office is very doubtful; but petitions numerously and respectably signed cannot be suppressed, and, moreover, exercise a certain amount of influence on those who are ignorant of or indifferent to the subject.

We, therefore, conclude these brief observations by recommending that the concluding resolution, adopted at the Worcestershire meeting, be *speedily* acted on in all parts of the kingdom—"That meetings similar to the present, and to that which has taken place in the county of Surrey should be called in other counties; and that medical practitioners should severally, and to the extent of their personal influence, call the attention of members of both Houses of Parliament to the subject of the legislative regulation of the profession."

We want, in fact, one long, strong, and simultaneous pull to liberate us from the bonds which have, hitherto, cramped the energies of the profession, and sorely damaged its independence and respectability.

It was our lot to witness, last week, one of those painful scenes which occasionally occur in coroners' courts—a scene which revived many a recollection of deeds that are now, fortunately, but matters of history, and which fully convinced us that nothing more dreadful can exist than the public infliction of injustice under the pretence and with the protection of law. The scene we allude to was enacted at a public-house, in the neighbourhood of Clare-market, under the direction of Mr. Coroner Higgs, assisted by an apothecary from Parliament-street, and a jury of Jew-bagmen from Holywell-street and its adjoining stews.

We may state at once that we do not accuse the coroner of any unfairness of proceeding, but we affirm that from want of even a smattering of medical knowledge or of the laws of evidence—from an incapability of perceiving the true points of the case—from not being able to understand the difference between the action of a substance as a remedy and as a poison—he, Mr. Higgs, permitted an irreparable injury to be inflicted on the reputation and character of a deserving and (as we believe) innocent man.

The facts of the case, which gave origin to the inquisition, are the following:—A respectable female, named Vaughan, brought her child, aged five years and five months, to the shop of a medical man in Drury-lane, to obtain advice, over the counter, as the phrase goes. The child had been affected for a few days with a cough, which the mother suspected to be hooping-cough. The child was seen by Dr. Johnson, a graduate in medicine of the University of Edinburgh, and late assistant-surgeon in the navy. He examined the child slightly, and gave a two ounce mixture with a label directing that two teaspoonfuls should be taken every four hours. This occurred on Saturday afternoon. On going home the mother administered the medicine, but the child took only *one* of the first two teaspoonfuls. She was put into bed at seven, p.m., and then appeared to be somewhat drowsy; at the prescribed hour *two* more teaspoonfuls were given, and on one o'clock on Sunday morning the child awoke and asked for something to drink, the medicine (*two* teaspoonfuls) was again administered, and the child fell asleep until eight o'clock; at this latter hour she had some toast and water for drink, and *two* more teaspoonfuls of the medicine. She was now so drowsy that it was difficult to awake her, and slept soundly until one o'clock, when she was washed and dressed; she complained at this time of some headache; being replaced in bed she remained there until five o'clock, when she got up, drank two cups of tea, and remained up until evening; she then went to bed, and slept until half past nine, when she asked for drink; the medicine was now offered to her, but the child merely swallowed a very small portion of it. She fell asleep about ten o'clock, and at about a quarter before two o'clock on Monday morning the child's mother awoke and found her very uneasy; her heart seemed to be beating violently, and her respiration was oppressed ("lungs working"); she said, "I will wear my pink frock to-morrow."

The mother now became alarmed, and sent for Mr. M'Cann, of Parliament-street, her regular family attendant. Mr. M'Cann arrived without delay, in a cab, asked if the child had been taking opium, said that it was dying, that nothing could be done for it; but, at the urgent request of the father, ordered mustard poultices to the feet, a lotion for the head, a blister to the chest, and six leeches, three to be applied to the head if the child rallied once, and three over the heart if the child should rally a second time. The girl, however, was unable to swallow any medicine when it arrived, and the parents, mistaking one rally for the other, applied the leeches over the region of the heart instead of to the head. These had no effect, and the child died at a quarter before six on Monday morning.

In consequence of some suspicion raised by the observation of Mr. M'Cann relative to the administration of opium, the parents of the child made some inquiries, and Dr. Johnson insisted that a coroner's inquest should be held on the body.

At the first meeting, the facts just related were elicited from the child's mother. The inquest was then adjourned, in order that the body of the deceased might be examined by Mr. M'Cann, and the remainder of the medicine examined by Mr. Taylor, of Guy's Hospital, whom Mr. M'Cann recommended as a medical jurist of high repute.

At the adjourned inquest, the facts previously stated by the child's mother were confirmed by the father; and four medical witnesses—viz, Mr. M'Cann, Mr. A. Taylor, Dr. Babington, and Dr. Collier, were examined.

Mr. M'Cann read the details of the post-mortem investigation which he had conducted in the presence of Drs. Babington and Collier and Mr. Brady. The only morbid appearances found were some hypertrophy of the right side of the heart, some injection of the lining membrane of the bronchia, and an emphysematous condition of the anterior surface of the lung on one side. The brain was free from injection or effusion of fluid. Mr. M'Cann was decidedly of opinion that the child's death was caused by opium. Four grains, two grains, and even half a grain of opium would kill a child of that age.

In reply to a question put by Dr. Johnson relative to the smallest quantity of opium that would prove poisonous to a child five years and five months old, Mr. M'Cann affirmed that a quantity equivalent to one-eighth of a grain, repeated every four hours for four successive times, would poison the child. However, on receiving a hint from a medical friend present, who apparently did not think this an orthodox doctrine, Mr. M'Cann coolly doubled the dose, and substituted the word *may* for would.

Mr. Alfred Taylor, of Guy's Hospital, was next examined, and it is to the evidence of this gentleman that we would address ourselves, not deeming the authority of Mr. M'Cann of greater weight in legal medicine than it is in the orthography or pronunciation of the English language.

We shall give the evidence of Mr. Taylor in full, from the notes taken by the short-hand writer of the *Morning Post.*

Mr. Taylor has been a lecturer on medical jurisprudence at Guy's Hospital for the last twelve years. On Saturday morning he received two sealed packets from the coroner's beadle, and kept them in his own custody until he analysed them. One packet was composed of the stomach and a portion of the intestinal canal. In the former he found about one ounce and a half of turbid brown fluid. There was slight redness, arising from putrefaction in the upper part of the stomach; otherwise it was perfectly healthy. There was no appearance of disease or ulceration. The intestines were also healthy. He found no trace of poisonous substance in the stomach or intestinal canal. He next examined the contents of the medicine bottle; it was a large two ounce bottle, and when full held eighteen teaspoonfuls of fluid. When received by Mr. Taylor, it contained six drachms of liquid, so that the child had taken twelve teaspoonfuls or two-thirds of the mixture.

Mr. Taylor first satisfied himself that the properties of the mixture were owing to paregoric elixir (the compound camphor mixture) contained in it. His next step was to ascertain the quantity of paregoric contained in the bottle. It was impossible for any chemist to determine the *exact* quantity, but he could tell whether there was too much or not. He diluted the paregoric elixir, of Guy's Hospital (which is identical in composition with that of the London Pharmacopœia), until he made it, as near as possible, of the same appearance, and furnishing the same characters as the mixture in the bottle sent to him; and he thus found that the quantity of paregoric contained in the original bottle must have amounted to half or quarter of its whole contents; between these two quantities he could not speak with any precision, but certainly not less than one-fourth of the bottle was composed of paregoric elixir.* In other words, the bottle, when full, contained from two and a quarter to one and one-eighth grains of opium. Now, the child took two-thirds of the whole bottle, and, therefore, must have taken from one and half to three quarters of a grain of opium, or, on the lowest calculation, one-eighth of a grain of opium at each dose, saying there were six doses taken. Mr. Taylor did not think that one or two doses would have caused death; but he was of opinion that the repetition of them did so. In June, 1832, he had seen a case where a child, four years and a half old, had been poisoned by four grains of Dover's powder, which was less than half a grain of opium.

In reply to a question from Dr. Collier, Mr. Taylor stated that in estimating the quantity of opium in the medicine-bottle, he chiefly relied on the quantity of spirit which it contained as compared with the paregoric which he had prepared so as to look like it. Mr. Taylor was then asked, "Suppose you had found double the quantity of spirit, what conclusion would you have drawn?" but to this question Mr. Taylor gave no reply.

After Mr. Taylor, Dr. Babington, of Guy's Hospital, was examined, who stated it as his opinion that death arose from the action of the opiate on the diseased condition of the child. The little girl had labored under severe cold; after death the lungs were found emphysematous, and the right side of the heart enlarged from the difficulty it found in propelling the blood through the lungs. A tendency to stupor might have been thus occasioned, and a quantity of opiate which would not be fatal to a person in health, might prove so by increasing congestion and difficulty o breathing. This Dr. Babington believed to have been the case in the present instance. Assuming that the child had taken the smallest quantity spoken to by Mr. Taylor, he (Dr. B.) could not help doubting whether three-fourths of a grain of opium taken at intervals of four hours, in five or six doses, would ordinarily and in a healthy child of five and a half years old, produce death. For these reasons he did not think that blame attached to any party. The mother of the child, however, was very negligent, in not coming back to Dr. Johnson, when she perceived that her child was getting worse.

A juror now addressed to Dr. Babington this sensible question: "Mr. Taylor has told us that the quantity of opium taken by the child would cause death in a healthy child of the same age; do you agree with that?" Dr. Babington: "No, I do not."

The evidence of Dr. Collier supported the view of the case taken by Dr. Babington.

On the part of Dr. Johnson no witnesses were examined, nor did the worthy coroner seem to have the slightest doubt that the question was left in an unsatisfactory state, and that further medical evidence was requisite to enable the jury to arrive at a correct decision.

The room was, therefore, cleared, and after deliberating for an hour, the jury returned a verdict "That the deceased's death was produced by the administration of too much opium, prepared and supplied by Dr. Johnson, of 101, Drury-lane, without proper instructions to the parent; and that the deceased, at the time of taking the said medicine, was laboring under some disease of the heart."

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* The compound tincture of camphor is composed of two grains and a half of camphor, seventy-two grains of opium, seventy-two of benzoic acid, a drachm of oil of aniseed, and two pints of proof spirit. Hence, it contains seventy-two grains of opium in forty ounces, or one and four-fifths of a grain to each fluid ounce.

Thus terminated this investigation under the direction of a coroner totally ignorant of medical jurisprudence, and, as it seemed to us, not endowed with much "prudence" of any kind.

We shall now proceed to make a few observations on the medical evidence of Mr. Taylor, by which the verdict of the jury was almost exclusively influenced. We would, however, previously take the liberty of hinting to Mr. Taylor that when he is again referred to as an analytical chemist in a criminal case, he should not divulge the results of his experiments to any one; but reserve his opinions and discoveries for the court before which he may be about to appear as a witness. This rule should in all cases be strictly observed. In the case which is the subject of our remarks, the non-observance of it led to consequences most unfavourable to the accused party.

Mr. M'Cann, who took upon himself the unenviable duty of prosecutor, prefaced his evidence by a long and wily address to the jury, in which he assured them that nothing but a sense of public duty and a desire to elicit the truth induced him to come forward, &c.; and concluded by informing the jury that his opinion relative to the death of the child having been caused by opium, would be fully borne out by one of the first chemists of the day, and by a physician whose illustrious reputation was above all praise.

The poor coroner was so bothered by this Blarney, that he allowed Mr. M'Cann to have full swing, instead of instantly repressing so indecent and unfair a proceeding; but it produced upon the jury the full effect which it was intended to produce, and we feel convinced that even Mr. Taylor himself regretted having been the unintentional cause of so flagrant a violation of justice and decorum.

We now come to the medico-legal evidence of Mr. Taylor, and upon this point we wish to speak with moderation and with that respect which the character and station of Mr. Taylor demand from us. Still we cannot avoid coming to the conclusion that Mr. Taylor has fallen into many grievous errors on this question, and delivered hasty opinions which cannot stand for a moment the test of calm and rigid examination.

In the first place, Mr. Taylor concluded—because the bottle which he received contained six drachms of fluid, while the capacity of the bottle was eighteen drachms—that the child took twelve drachms of the medicine. This conclusion was illogical—and not only illogical, but erroneous—for the evidence of the child's mother had proved, at a previous meeting, that little more than seven drachms had been taken. The child swallowed *one* drachm for the first dose; *two* for the second, *two* for the third, *two* for the fourth, and merely tasted the fifth dose. The disappearance of the difference of quantity between seven and twelve drachms was accounted for by the number of persons who had freely tasted of the bottle before it was sent to Mr. Taylor. Now, this erroneous estimate was brought under the notice of Mr. Taylor without arresting his attention; and had it not been mentioned to him we affirm that it was the coroner's duty to have read to Mr. Taylor his notes of Mrs. Vaughan's previous evidence, in order that he might not confound twelve drachms with seven, and presume the ingestion of a quantity of poison which had never been taken. This was the more necessary that the question turned on the probability of poisoning with three quarters of a grain of opium, and that a trifling reduction of this quantity must have materially altered the opinion of Mr. Taylor, admitting even that his analysis was correct. The quantity of opium supposed to have been taken would thus be reduced from three quarters of a grain to less than half a grain or ten drops of laudanum.

But the point which we think requires explanation, and to which we would direct the attention of medical jurists, is the statement of Mr. Taylor relative to the quantitive analysis of compound fluids containing opium. Mr. Taylor gave a very imperfect idea of the manner in which he conducted his analysis, or of the principle by which he was guided; but from what we could gather it seemed to us that he relied chiefly on the quantity of spirit which he obtained. If this be the case he fell into a grievous error, because the mixture contained three other remedies, the chief ingredient of which is alcohol.

Again, we would ask analytical chemists whether, in the present state of our knowledge, any medical jurist can positively determine that a given mixture contains between one and an eighth and two and a quarter grains of opium? Either Mr. Taylor has made a wonderful discovery in toxicology which he should not conceal, or this important point has, unaccountably, been neglected by Christison, Orfila, and all the great authorities in legal medicine; for in none can we find the remotest allusion to the possibility of ascertaining, even within certain limits, the quantity of opium contained in a suspected fluid. We therefore call upon Mr Taylor, and we do so respectfully and in the interests of science, to publish, without delay, a detailed description of the process by which he has arrived at a nicety of result that no analytical chemist of past or present times has ever pretended to attain.

Another source of error, which seems to have escaped the penetration of Mr. Taylor, we must notice ere we conclude. Mr. Taylor compared his diluted paregoric with the paregoric in the bottle, and calculated the quantity of opium contained in the latter on the supposition that it was the paregoric elixir of the London Pharmacopœia.

This, at least, was the impression left on our minds, and, though little acquainted with the laws of evidence, we at once felt that the conclusion was illogical. There was no proof offered, nor was any inquiry made concerning the strength of the paregoric used by Dr. Johnson—an omission the more to be regretted that it turns out to have been a compound tincture, not prepared after the formula of the London Pharmacopœia, but got up in a private pharmacy, and containing more spirit and camphor to less opium than the orthodox elixir.* Hence it clearly follows that the bottle might have contained half or quarter of its contents of paregoric, without containing, as Mr. Taylor concluded, from one grain and an eighth to two grains and a quarter of opium. The estimate made by Mr. Taylor of the quantity of opium contained in nine drachms of paregoric elixir (half the bottle full) seems to us to be erroneous. The fluid ounce contains one and four-fifths of a grain; the drachm contains nine-fortieths of a grain; hence nine drachms contain two grains and one-fortieth, instead of two grains and a quarter, as affirmed by Mr. Taylor. When a question of life or death is made to depend on a few drops more or less of fluid opium, an error of this kind is indefensible.

We shall, however, admit for argument's sake that the bottle did contain one-fourth of its capacity of paregoric elixir, and view the question medically. The child took, at the very utmost, eight drachms of the bottle; if one-fourth of this fluid were paregoric, then the total quantity of opium swallowed amounted to 9-20ths of a grain: if one half the bottle were composed of paregoric, then the total quantity taken amounted to 18-20ths, or to one grain of opium, less 1-10th; on the former supposition, each dose of the medicine contained as nearly as possible 1-9th of a grain of opium, or a little more than two drops of laudanum; on the latter hypothesis, each dose contained four drops and a quarter of laudanum.

Now, speaking as practical physicians, and from the results of extensive experience in the treatment of diseases of children, we fearlessly assert that no practitioner in the United Kingdom would hesitate for a moment to administer 2 and 1-9th drops of laudanum, in four successive doses, at intervals of four hours, to a child, five years and a half old, laboring under a disease for which the administration of opium was indicated. The dose, we repeat, instead of being a poisonous one, would be considered in many cases as too small; and Messrs. Taylor and M'Cann will find it extremely difficult to persuade any one in the habit of treating children, that two drops, or even four drops of laudanum given to a child of five years old, every four hours for four times, should under ordinary circumstances be regarded as poisonous. Since the preposterous opinion alluded to was promulgated, we have ourselves administered one-eighth of a grain of opium, every three hours, for four successive times, to a child four years and a half old; the child labored under spasmodic cough, and experienced no inconvenience whatever from the remedy.

The practice of hundreds of medical men would afford illustrations of the truth of what we advance, and we take this opportunity of begging that some of our experienced friends in the provinces will favor us with their opinions on the subject.

We now draw our remarks on this painful question to a close. The character of Dr. Johnson has, in our humble opinion, received no damage from the imputation which the verdict of an ignorant jury, directed by Mr. Higgs, may, for a moment, have cast upon it. Such a scene as we witnessed in Clare-market could never have occurred in a court presided over by a medical man. During the whole course of the investigation the coroner never addressed a single question to the medical witnesses calculated to enlighten the minds of the jury on the essential points of the inquiry, but, equally puzzled by the English and the Latin of the illustrious surgeon of Parliament-street, allowed the reputation of an innocent man to be blasted by the unchecked expression of erroneous views and unfounded representations.

MEETING OF THE MEDICAL PRACTITIONERS OF WORCESTERSHIRE.

A highly respectable meeting of the medical practitioners of the above county, was held on Tuesday, in the council-room of the Worcestershire Natural History Society, to consider the propriety of petitioning Parliament on the measures now in contemplation for regulating the medical profession.

Jonas Malden, M.D., was called to the chair, and after briefly stating the objects of the meeting, it was proposed by R. J. Streeten, M.D., seconded by Anthony Martin, Esq., of Evesham, and resolved unanimously, That a petition be sent to both Houses of Parliament on the contemplated legislation respecting the medical profession, and that the following petition to the House of Commons be adopted:—

To the Honorable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament Assembled.

The humble petition of the undersigned members of the medical profession, residing in the County of Worcester,

Sheweth,

That your petitioners, understanding that measures are in contemplation for reforming and regulating the profession generally, beg to represent to your Honorable House that no reform can be effectual or permanent unless it provide for the efficiency and respectability of the whole profession, by securing uniformity of the primary qualification, tested by sufficient examination, equal right to every member to practise throughout her Majesty's dominions, and the adoption of the representative system in the formation of the councils or governing bodies.

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* Dr. Johnson invariably affirmed that the quantity of paregoric which he used did not exceed *one* drachm.

That the supply of an adequately qualified class of general practitioners is of national importance, and that a legislative reorganisation of the whole profession has become of indispensable necessity, from several causes; and among others, from the various and incongruous modes by which medical practitioners procure admission into the profession, there being no less than sixteen different sources from which certificates of qualification may be obtained.

Your petitioners therefore pray, that your Honorable House would cause inquiry to be made into the present state of the medical profession, delaying any legislative measure which might lead to the granting of new charters to the Colleges of Physicians and Surgeons, until the whole subject of medical regulation and reform has been well and thoroughly investigated by a committee of your Honorable House, and has undergone adequate discussion in Parliament.

Proposed by James Lewis, Esq., of Hanley, seconded by W. Pritchett, Esq., of Kempsey, and resolved unanimously, That a similar petition be adopted for presentation to the House of Lords.

Moved by Paris Dick, M.D., of Tewkesbury, seconded by J. H. Walsh, Esq., of Worcester, and resolved unanimously, That the Right Honorable Lord Lyttleton, Lord Lieutenant of the county, be respectfully requested to present the petition to the House of Peers.

Moved by Thomas Cooper, M.D., of Inkberrow, seconded by Henry B. Marsh, Esq., of Upton-on-Severn, and resolved unanimously, That General the Honorable H. B. Lygon be requested to present the petition to the House of Commons, and that the other members for East and West Worcestershire, the members for the city of Worcester, and for the boroughs of Bewdley, Droitwich, Dudley, Evesham, and Kidderminster, be also requested to favor the petitioners with their support on the occasion.

Proposed by W. Doughty, Esq., of Kidderminster, and seconded by David Everett, Esq., of Worcester, and resolved unanimously, That it appears desirable that at the present juncture the sentiments of the members of the medical profession should be made known to the legislature; and it is therefore suggested that meetings similar to the present, and to that which has taken place in the county of Surrey, should be called in other counties; and it is also recommended that medical practitioners should severally, to the extent of their personal influence, endeavour to call the attention of members of both Houses of Parliament to the subject of the legislative regulation of the profession.

A vote of thanks to the chairman was proposed and seconded, and after a very suitable reply, in connection with the subject for which the meeting had been called, the assembly dispersed.

MEETING AT CHICHESTER.

On Friday, the 31st of March, 1843, the members of the Chichester Medical Society assembled at the rooms of the Philosophical Institution, to consider the propriety of petitioning Parliament on the subject of medical reform. Dr. M'Carogher in the chair.

It was proposed by Mr. Martin, seconded by Mr. Dodd, and resolved unanimously, That the interests of all branches of the medical profession are indissolubly united, and that it is their common duty to watch over the legislative measures for the future regulation of the profession which are proposed by her Majesty's Government, or are about to be submitted to the consideration of Parliament.

Proposed by Mr. William Gruggen, seconded by Mr. Fletcher, and resolved unanimously, That any premature measure of legislation, whether by the renewal of charter to existing bodies corporate, or the conferring additional powers on licensing bodies, or the creation of new ones, without providing for the improvement and due organisation of the medical profession generally, would compromise the well-being of the profession, and be injurious to the interests of the public.

Proposed by Mr. Allen Duke, seconded by Mr. William Gruggen, and resolved unanimously, That it is expedient, therefore, immediately to petition both Houses of Parliament to institute a due inquiry, by committee or otherwise, into the present state of the whole practising medical body, its qualifications, and immunities, and memorialise her Majesty's ministers to the same effect.

Proposed by Mr. Abraham Duke, seconded by Dr. Tyacke, and resolved unanimously, That the following petition to the House of Commons be adopted:—

To the Honorable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The humble petition of the undersigned physicians, surgeons, and general practitioners of medicine of the Medical Society of the City of Chichester and its Environs,

Sheweth,

That understanding that legislative measures are about to be enacted for the better regulation of the practice of medicine and surgery, your petitioners pray that such enactments should not take place, nor any other measures in the power of your Honorable House to prevent, till a due inquiry, by committee or otherwise, has been made into all the circumstances appertaining to the organisation of the profession generally, and the qualifications of its members.

Proposed by Mr. Fletcher, seconded by Mr. William Gruggen, and resolved unanimously, That the Duke of Richmond should be requested to present the petition to the House of Peers, and Lord A. Lennox to the House of Commons; and that the chairman, and as many of the members as can make it convenient, wait on those gentlemen respectively to bespeak their support to the same.

Proposed by Mr. Dodd, seconded by Dr. Woodman, and resolved unanimously, That the following address be circulated for signatures among the medical practititioners residing in Chichester and its neighbourhood:—

"*To the Right Honorable Sir James Graham, Bart.*

The undersigned medical practitioners, residing in the city of Chichester and its neighbourhood, understanding that it is your intention to carry into effect certain reforms in the constitution of the College of Physicians, and of the College of Surgeons, and then to introduce a bill to effect reforms in the medical profession generally, beg leave respectfully, but earnestly, to request that an inquiry be made into the state of the medical profession generally, previously to the contemplated reforms in the constitution of the College of Physicians and Surgeons, from the conviction which we entertain that such inquiry would influence the Government in regard to their adoption."

Proposed by Mr. William Gruggen, seconded by Mr. Allen Duke, and resolved unanimously, That the minutes of this meeting be printed, and copies sent to the peers and members of Parliament residing in this neighbourhood, and also to the Reform Committee of the Provincial Association.

REVIEWS.

The Plea of Insanity in Criminal Cases. By Forbes Winslow, Esq. London: Renshaw, 1843. 8vo. pp. 78.

The recent trial connected with the unfortunate death of Mr. Drummond has given rise to various speculations on the subject of insanity.

Here, as in all questions which have fixed even for a moment public attention in any remarkable degree, people of all grades and of every class of intellect have propounded their doctrines. Much has been said on the nature and forms of insanity, and it has even been hinted in a high quarter that a man has no right to go mad, but should be punished for his perverse departure from the paths of reason. But these and other popular notions merely prove the truth of the ancient saying, "Ne sutor ultra crepidam," and that lawyers, when they meddle with medicine, are apt to make very poor work of the business.

It is quite obvious to common sense that an insane person, in the ordinary acceptation of the term, is not responsible for his acts; but there are various species and many shades of insanity, and it may, and indeed it often does, become a question whether the species or degree of mental aberration be such as to justify a plea of insanity in criminal cases.

To throw some light upon this delicate subject, and "to convey a correct notion of the present state of the law in relation to the plea of insanity," is the object of Mr. Winslow's work.

The author commences with an exposition of the "doctrines which have been laid down by the great legal authorities of this country, on the subject of insanity, in so far as it places the party beyond the pale of the law in criminal cases."

The great lawyers are divided upon this subject, as they are upon most others; but the prevailing opinion appears to be, that the legal *test* of insanity in criminal matters is the capability of distinguishing between right and wrong—of knowing that the crime of which the individual may stand accused is an offence against the laws of God and Nature.

To this legal definition of insanity Mr. Winslow objects, and expresses his concurrence in the views of Dr. Haslam, that the medical witness should simply "state whether he considers insanity to be present in any given case, not to ascertain the quantity of reason which the person imputed to be insane may or may not possess."

Having thus disposed, with the assistance of the highest medical authority, of the legal tenets relative to the criminal responsibility of the insane, Mr. Winslow examines in succession the different questions connected with this interesting and highly important subject, and illustrates his views by cases which have been decided, from time to time, in courts of law. Through these different points we shall not at present attempt to follow him, but content ourselves with recommending his work to the attention of our readers. It is written in a plain style, without any undue leaning to particular views or doctrines, and contains a great number of facts, commented on in a manner which proves that the author has devoted much study and thought to his subject.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

March 14, 1843.

The President in the Chair.

Some Account of an Hysterical Affection of the Vocal Apparatus. By Oscar M. P. Clayton.

The author prefaced the detail of his paper by drawing attention to the too frequent generalisation in the treatment of hysterical affections, which he supposes chiefly to arise from hysterical disease being confounded with diseases occurring in an hysterical diathesis.

The cases, sixteen in number, occurred in two groups, the first beginning in February, 1841, accompanied by well-marked pyrexial symptoms; the second in October last, in which the symptoms were clearly hysterical, and imitative from the first. They occurred in a charitable institution for the maintenance of female children; those attacked were from eleven to fourteen years of age.

In February, 1841, seven of the children were attacked as follows:—With a short hacking cough, almost constant; much pain and distress in breathing; no expectoration; pulse quick; hot skin; tongue white; bowels costive. After two or three weeks, during which time these symptoms withstood all the remedies applied, the cough changed to sounds varying in the different patients, in some resembling the double action of a large saw, in another a shrill screaming expiration followed a quick catching inspiratory effort, in another the sound was like that produced by blowing into a small metallic tube; in fact, it is difficult to conceive the dissonance and constancy of these sounds.

Besides these, one girl, aged fourteen, became affected with symptoms exactly resembling those of laryngitis, and requiring the usual means for their removal, but after a week or two the noise above alluded to supervened. In the commencement, sinapisms, blisters, expectorants, and nauseants, were tried in various forms, and subsequently sedatives, alone and conjoined with antispasmodics, but without avail.

When the anomalous sounds were established, a combination of hemlock, sulphate of zinc, and quinine, was given, as well as full doses of the sesquioxide of iron. These remedies, however, produced no effect till the children were separated one from the other, when, with the exception of two who were sent home, the patients slowly recovered. The two who were removed speedily recovered, although all required the long-continued exhibition of mineral tonics to remove the very considerable debility that remained.

In the second group, commencing in October last, the dental sounds—*i. e.*, inspiratory and expiratory, succeeded almost immediately on the hacking cough, and there were some catarrhal symptoms; on the whole, the hysterical character was well marked.

A considerable number were now attacked; many of those who had formerly labored under the same symptoms. The uproar became alarming to the neighbours. No remedial means, including turpentine, spiritus ammoniæ succinatus, antispasmodics, tonics, mineral and vegetable combined, with the regular use of the shower-bath, being after long continuance found of any use, the author determined to try the effect of mental influence, and following the example of the celebrated Boërhaave, he assembled the children and informed them that he should, with a red hot instrument, burn the throat of all those who were not well by the following morning. Their fright urged them to escape from the school on the next day, when they ran to their respective homes, and on being collected at the school on the day after were all found well. Two of the elder girls did not escape, and in them the symptoms persisted, and in the others they returned in little more than a week. All other means failing, their throats were blistered with a spatula heated in boiling water, and covered with a silk handkerchief. This with some succeeded; in two others secluded from the rest the affection gradually wore out, but two were at last sent to their homes, where, separated from their noisy companions, they soon recovered.

Case of Erectile Tumor in the Popliteal Space, and its Removal. By Robert Liston, Esq., F.R.S., Surgeon to University College Hospital.

The patient was a stout, healthy looking lad, ten years of age. He had a tumor in the right ham, of an oval shape, about three and a half inches in its long diameter, unattached to the skin, and unattended with pain. It had a doughy, elastic feel, giving a sensation when the limb was extended almost exactly resembling fluctuation produced by deeply seated matter. When the limb was flexed this sensation was less perceptible, and it had more the feel of an elastic solid tumor, which was movable, and could be distinctly raised from the bone. The tumor first attracted attention when the patient was about two years of age. In the course of a year it had increased in size, so as to be nearly of the size of a turkey's egg. Being punctured at this time, with a grooved needle, no fluid escaped. It slowly increased, without occasioning pain or inconvenience, and three years ago a surgeon passed a seton through it, which was withdrawn in a few days, when a discharge had been established. No benefit was gained by this proceeding, or by other measures adopted to reduce its size. The operation for its removal was performed January 6th. An exploratory puncture with a bistoury was first made into the centre of the tumor; this was followed by a profuse discharge of blood, and the swelling somewhat diminished in size; its surface was next exposed by dividing the skin and fascia, and it was now observed that it had the aspect of a fatty tumor, and was evidently much less in its dimensions than before the commencement of the operation. As the operation was proceeded with the tumor continued to decrease in size. It was found that the substance of which it was composed was covered by the fibres of the semi-membranosus muscle, and, to extirpate it, it was necessary to cut into that muscle. In the course of the operation the tumor had to be followed deeply into the popliteal space; it had to be dissected off from the nerve, and a good deal of blood was lost. Only one vessel required ligature. The wound healed favorably, and the boy was able to walk about the ward on the sixteenth day from the operation. On making a section of the tumor, it was found to consist of a mass, about the size of a hen's egg, of most perfect erectile tissue. On a microscopic examination, an appearance was visible like that of the musculi pectinati of the heart, the columns of the reticulated structure being covered with a smooth membrane resembling that lining the inner surfaces of veins. A preparation of the tumor was exhibited. The author adds some observations on the circumstances which were peculiar in this case, directing attention especially to the difficulties occasioned in the operation by the tumor being covered on all sides by muscular fibres, and by the diminution which occurred in its size as he proceeded. He closes his remarks by offering the opinion, that the tumor was developed in the substance of the muscles with which it was connected. Another case is appended, where the author removed a tumor of a different structure from the side of the neck; and where he was of opinion that the morbid substance originated in the interior of the sterno-cleido-mastoid muscle. A drawing of this tumor was shown.

SECTION OF THE OBLIQUUS INFERIOR OF THE EYE.

In a communication on the treatment of eyes subject to a feeling of fatigue and weakness of vision with headache, after much reading or employment in works requiring great attention, published in the "Journal de Medecine de Lyon," M. Bonnet, the principal surgeon of the Hotel-Dieu in that city, states that it accompanies inflammation either of the eyes or eyelids, or it may exist without any appreciable cause. When inflammation is the exciting cause, the treatment must of course be directed to its removal; if strabismus be present, the muscles producing it must be divided, and when neither of these causes is in operation, then M. Bonnet deems it advisable to make the section of the obliquus inferior. He was induced to perform this operation from finding that this disposition to fatigue existed in persons who were myopic or who squinted, and that the feeling was one of constriction of the ball of the eye. He has been successful in treating it by the section of the muscle in six cases out of seven.

RETROSPECT OF THE MEDICAL SCIENCES.

VESICO-VAGINAL FISTULA.

The "Archives Gènérales de Medicine," for March, contain a very lengthy but interesting communication on the treatment of vesico-vaginal fistula, with the detail of two successful cases, by M. Lallemand, of Montpellier. The first case is that of a lady, twenty-three years of age, laboring under this affliction from the use of instruments in her first labor. The fistula was situated about three and a half inches from the orifice of the urethra; its transverse diameter was about an inch and a half, the two lips being separated to the extent of half an inch, and the posterior one masked by a fold of the vesical mucous membrane an inch long, one third of an inch high, and one fourth of an inch thick. The greater part of the circumference of the vagina behind the fistula was blocked up and narrowed by semicircular, thick, and hard cicatrices, into which the first phalanx of the index finger could not be passed, whilst the index and medius fingers together could be passed into the bladder through the fistula.

The first step directed by M. Lallemand under these distressing circumstances, was the dilatation of the vagina by large bougies, and afterwards by conical gum elastic cylinders, which unfortunately proved, on the patient's return to Montpellier in two months' time, to have been misapplied, inasmuch as the fistula was much increased in size, and the vaginal contraction in the same state as previously. M. Lallemand, after having then for a few days attempted to dilate the vaginal passage, on the 22nd of February, 1836, applied the actual cautery on the flap of vesical mucous membrane which blocked up the posterior lip of the fistula, so as completely to destroy it. The sloughs separated in a few days, and the anterior lip having been brought into the same state by the application of the nitrate of silver, the entire edges of the fistula being fresh and bleeding, the hooked catheter (*sonde-airigne*) was immediately applied, a task of some difficulty on account of the depth of the fistula and the impossibility of introducing the finger beyond the contraction of the vagina; the vesico-vaginal parietes consequently not being supported, were pierced by the hooks with difficulty, and it could not be ascertained whether they were at a proper distance from the posterior lip of the fistula. If they had been too near, the soft parts would have been torn; and if too far, the cervix uteri might have been injured. Guided, however, by the marks engraven on the stem of the instrument, the hooks were confidently forced in, and the instrument being slowly drawn, the fistula could be felt with the index of the other hand to be gradually closing; the movable plate was then wrapped up with lint, and the spring worked until the coaptation was complete. The instrument was then perfectly fixed by its own mechanism. It was withdrawn five days afterwards, and a common elastic catheter passed for a few days, after which the patient made water as usual. Four weeks after the operation, the parts were examined with the speculum, when a transverse band of a bright red color, half a line wide and more than an inch long, was seen on a level with the contracted part of the vagina, the cicatrices of which prevented the extremities of the band being seen. The patient, being now able to retain her water for three or four hours, left Montpellier, to which she returned in the following spring, complaining of fluor albus, the discharge being very liquid. Lallemand at first thought the cicatrix had given way in some part, but this was proved not to be the case by a very careful exploration; there were found two small and tortuous canals on either side of it; the cauterisation of which arrested the discharge. The bladder was kept empty for several days after the application of the actual cautery. The patient recovered perfectly, and the catamenia, which had been absent from the time after confinement, soon reappeared, and resumed their natural course.

In the second case, the vesico-vaginal fistula, which was also caused by the use of instruments, was situated about three inches posterior to the meatus urinarius, having a transverse diameter of nearly one inch and a half, and nearly an inch in the antero-posterior direction. The vagina was contracted by two thick cicatrices, but not sufficiently to prevent the passage of the finger beyond the posterior lip of the fistula. The right lower extremity was partially paralytic and contracted. The operation was performed as in the preceding case, the edges of the abnormal communication between the bladder and vagina having been freshened by the actual cautery and the subsequent removal of the sloughs, the parts were brought into coaptation by the hooks of the sonde airigne, which was kept in for several days, and then replaced by a common elastic catheter. The state of the parts was examined a few weeks afterwards with the aid of the speculum, when the fistula was found to be closed, except in the centre, where there was an interval of a line in extent, which soon healed under the application of the nitrate of silver. The patient was dismissed, cured of her infirmity, three months after the performance of the operation.

The proceeding thus advised by Lallemand requires much care in order not to involve any part of the uterus, for a case is recorded by him, in which the hooks having been applied to the part of the bladder covering the womb, and in all probability into the womb itself, pain in the pelvis, speedily extending over the whole abdomen, set in, and notwithstanding the removal of the instrument, symptoms of gastro-enteritis and hepatitis with delirium became manifest, and although the patient for a time survived the attack, she gradually sunk into a state of exhaustion and marasmus, with disturbance of the intellectual functions, and died in the course of the ensuing year. On examination of the body, traces of chronic peritonitis, disease of the liver, and effusion of serum within the cranium were discovered; although the womb was not found to be the seat of organic changes, M. Lallemand is convinced from the symptoms, that it was the source of the complicated diseases which destroyed his patient, and in this opinion he was confirmed by the results of another case which terminated fatally in eight days, the autopsy presenting similar appearances to those in the preceding case. In those cases, therefore, where the fistula is situated on a level with the cervix uteri, it is advisable to attempt a cure only by means of cauterisation made with great care, and renewed at long intervals.

The employment of the *sonde airigne* is not adapted for those cases of fistula where the opening is so exceedingly small that it can be closed by the swelling induced by the cauterisation of the parts, or where the fistula is of such a size as to occupy the larger part of the vesico-vaginal septum, so that the edges of the fistula could not be brought into contact, or finally where a healthy character of inflammation cannot be excited so as to ensure reunion. As a general rule, the chances of success are in the inverse proportion to the duration of the infirmity, because, according to the length of time the diseased state has existed is the degree of irritation and unhealthy inflammation about the parts, and the disordered condition of the general health, consequently the less likelihood is there of a pure and proper character of inflammatory action setting in, and the consequent formation of a firm cicatrix.

It is a task of exceeding difficulty to freshen the entire circumference of the fistula with cutting instruments; some points will escape division, or not be cut with uniformity, while at the same time if a cutting instrument be used effectually, a greater portion of the soft parts is removed, and the opening consequently made larger, without any especial advantage, than when cauterisation is had recourse to. Swelling of the adjacent part is not occasioned, as when the latter process is employed, the tumefaction being of service in rendering the coaptation more easy and more complete. The actual cautery should be had recourse to whenever it is requisite to destroy certain parts and to remove inequalities, especially when the opening is very large, or masked and sinuous, so that its course cannot be followed with a stick of nitrate of silver. The instrument should be of an olivary shape, not more than a line in diameter in the most enlarged part, and the stem still thinner. Probes of different sizes and shapes should be used for the tortuous canals. The inferior paries of the vagina must be protected from the influence of the cautery by the demi-speculum, and the upper part by a large spatula made with an elbow, that there be not any shadow cast by the hand of the assistant. The spatula will serve at the same time to bring the diseased parts into view.

The *sonde-airigne* is preferable to the suture in every case where the fistula is transverse, or can be brought into that form, which can almost always be done when the operation is possible. Out of twenty-one cases, M. Lallemand has only met with one oblique and irregular fistula, the reunion of which could not be effected from behind forwards. If the sutures are not sufficiently tightened, or become relaxed by the slow section of the parts engaged, the lips of the fistula gape, and the operation must be repeated, for there is not any means of increasing the compression. It is not so with the sonde-airigne, as the pressure with it can be increased or decreased at pleasure, nor can the edges of the wound get out of place, they being kept *in situ* by the hooks of the instrument, which, at the same time, retain the instrument itself in a state of immobility. It has been employed by M. Lallemand in fifteen cases, and he has been successful with it in nine, not always at the first operation, but at the utmost in two, but the most frequently the application of caustic has been sufficient to effect a cure afterwards.

RUPTURE OF THE UTERUS.

Dr. Mitchell's contributions to obstetric medicine, published in the January number of the "Dublin Medical Journal," contain the details of a case of rupture of the anterior wall of the uterus, which terminated successfully. The treatment chiefly relied on consisted in the sustained administration of opium. The patient was a woman, thirty-eight years of age, the mother of six living children. When admitted into the South Eastern Lying-in Hospital, of which institution Dr. Mitchell is the master, the os uteri was found dilated as large as a penny piece, the head presenting, and the pains recurring about every ten minutes. She was admitted on the night of the 18th of September, 1842, and at seven, a.m., of the following morning, Dr. Mitchell was summoned to be in attendance in consequence of the pupil being alarmed at the great prostration of strength which had ensued. Stimulants were given, and, in consultation with Dr. Beatty, it was at once determined to extract the child. On attempting to effect this with the forceps, the head receded, so that it was thought advisable to use the perforator, which was done according to Dr. M'Keever's plan—that is, not to apply it at the most depending part of the presentation, but to one side; so as to press the part as it were against the pelvis of the mother, and thus prevent the recession of the child through the rent. The head was afterwards extracted without much difficulty with the crotchet, the uterus acting in the expulsion of the shoulders and body. The placenta was extracted immediately, and a rent perceived at the junction of the anterior part of the cervix with the os uteri. The uterus contracted firmly, and no intestine whatever escaped through the fissure. The internal administration of opium in the solid form was immediately commenced, a grain being given every hour. Towards evening small doses of calomel were combined with it, and the abdomen steeped with hot water and turpentine, in consequence of impending symptoms of peritonitis. The inflammatory indications, with the exception of considerable irritability of stomach, were speedily checked; but severe diarrhœa set in, and continued nearly throughout the treatment. In other respects the patient had scarcely a bad symptom after the first severity of the accident had been subdued. On the sixteenth day, a discharge of about two pints of extremely fœtid, muco-purulent fluid took place from the vagina, [and nearly to the same extent the following day, but less fœtid in appearance. After that it gradually diminished in quantity, and was very trifling when she was dismissed on the thirty-first day after the accident.

Opium in this case was relied on from the commencement; it was administered at the suggestion of Dr. Beatty, who had previously witnessed its good effects in a case of rupture of the uterus, occurring likewise in the anterior wall of the cervix. With respect to its action in these cases, it is well known that it exerts a powerful influence in allaying or diminishing muscular contraction, and is thus supposed to be of use in cases of rupture of the intestine; at least this is the view taken of it by Dr. Hart, who, at page 306 of the fifth volume of the "Dublin Hospital Reports," after speaking of the impropriety of giving purgatives, as by their action they would tend to increase the peristaltic motion of the intestines, and thus produce a greater effusion of the intestinal contents, says, instead of purgatives, then it would appear more proper to give large doses of opium with a view of suspending peristaltic motion, could this be accomplished, and the inflammation moderated, by general and local bleeding, and counter-irritants, as sufficient time might be gained for the formation of adhesions around the wound in the intestine, &c. In Dr. Mitchell's case, although the uterus contracted firmly immediately after the extraction of the child, yet as soon as the opium had been taken in sufficiently numerous doses it became relaxed, so much so indeed as to appear as large as when impregnated, and this dilated condition it did not lose until the tenth day, showing that the opium acts in a similar manner in both cases. Another remarkable similarity produced by its use in the two accidents, rupture of the uterus and of the intestine, is that in both it appears to lose its narcotic and astringent properties, as shown by the case of a man admitted into the Meath Hospital laboring under symptoms of peritonitis, from ulcerative perforation of the intestine, to whom 105 grains of opium, exclusive of that in the injections, were administered without the patient experiencing the slightest coma, headache, or delirium; diarrhœa also setting in severely for three or four days. Dr. Mitchell's patient, who presented somewhat similar symptoms, took altogether 53 grains of solid opium, and nearly 400 drops of laudanum.

Dr. Murphy observes, with respect to the causes of rupture of this organ, that a perfectly healthy uterus is rarely ruptured, except from external injury; that in most of the instances where it occurs it may be traced to morbid lesions either previously existing, or produced by inflammation; and even in some cases where this cannot be satisfactorily proved from inspection, the history would seem to indicate it, and that rupture may occur in cases where the labor is not unusually prolonged, nor the pains violent; on the contrary, it has happened where the pains were weak and the progress of labor in every other respect favorable.

The prior history in Dr. Mitchell's case is such as to give rise to the belief that some morbid action had been going on previously in the uterus, as about three months before her labor took place the patient applied to him, complaining of great and incessant pain in the lower part of the abdomen, together with a discharge of a thin, fœtid fluid from the vagina on two occasions, about a fortnight elapsing between each discharge. She described the sensation of the child as if it were standing upright, the pressure being in front, to which she referred the pain. It is a remarkable fact, that in cases of rupture the greater number occur in persons who have borne several children previously, and in whom consequently the womb may have been injured or debilitated in the previous labors.

LIGATURE OF THE EXTERNAL ILIAC ARTERY.

A man, thirty-two years of age, was admitted into St. Vincent's Hospital, under the case of Dr. O'B. Bellingham, in the month of August of last year, with an aneurism of the external iliac artery of the right side, apparently of three months' duration. It was about the size of the section of a moderately sized orange, but more oval in shape, seated above Poupart's ligament and extending about half an inch below it; immediately below Poupart's ligament, there was a slight fremissement, none above; on applying the stethoscope, a loud bruit was heard. There was neither swelling nor œdema of the foot, the circulation was regular, and the heart's action perfectly natural. The man was by trade a brush maker, and his occupation consisted in constantly turning a lathe with the right foot. He had been in the habit of drinking, but had given it up two years previously.

In consultation with Sir Philip Crampton and Mr. Cusack, it was determined to place a ligature upon the common iliac artery, as it was supposed there would not be found sufficient room between the aneurism and the division of the common iliac, the external iliac being probably diseased above the aneurismal tumor, and with this intention the operation was commenced, but when the upper extremity of the external iliac had been reached, the peritoneum and the intestines being held on one side by Mr. Porter, it was seen to be perfectly healthy; its sheath was opened to a small extent by means of the blunt extremity of a director, and Mr. Trant's aneurism needle passed under it from without inwards without much difficulty; a single silk ligature was used, and, as soon as it was tightened, pulsation in the aneurism ceased. The edges of the incision were then brought together by the interrupted suture and adhesive plaster. The operation was completed in little more than thirty minutes.

Reaction set in in a few hours after the operation, but did not exceed ordinary bounds; no symptoms of an untoward nature showed themselves, the wound healing partly by the first intention and partly by suppuration and granulation. The ligature came away on the twenty-fourth day without any pain, and was not followed by the discharge of a drop of blood. The aneurismal tumor about the seventeenth day became the seat of pain, chiefly complained of when pressed about the centre, soon afterwards ulcerated in small points, and gradually discharged its contents, consisting of coagula, fluid blood, and pus. The thirty-fourth day after the operation, the man was discharged at his own request; he was directed to wear a belt, with a pad over the site of the incision.

Dr. Bellingham remarks on this case that the external iliac artery appears to be much less frequently the subject of aneurism than the femoral or popliteal, and until within a few years aneurism of this vessel was considered to be almost beyond the relief of a surgical operation. The present case appears to be the only one in which the external iliac has been tied for aneurism of this vessel, or in which a ligature has been placed so close to the bifurcation of the common iliac. In fact, most writers lay it down as a maxim (in placing a ligature upon a large vessel) to tie it at a sufficient distance from a collateral branch to allow of the formation of a coagulum above the ligature; the internal coagulum being supposed to have a material share in the process by which the artery is closed, and hæmorrhage more frequently following the operation, when a ligature is placed close below than at some distance from a large collateral branch. However, though the nearness of a collateral branch may interfere with the formation of a coagulum, it does not necessarily prevent the adhesive process from closing up the vessel. Indeed the recovery of the patient in this case shows that a large artery may be successfully tied at the distance of half an inch from the point at which a branch nearly of equal magnitude comes off. — *Dublin Med. Journ.*, January, 1843.

THE QUACKS' CORNER.

We have already noticed a certain corner in the "Times" newspaper, wherein the printer, endowed with supernatural tact, collects together such advertisements as to him appear of doubtful character, thus saving his respectable customers from contact with unpleasant companions, and furnishing a bird's eye view of metropolitan industry.

In the "Times" of Monday last (April 3), we have a curious and highly instructive list of this kind, at page 10, corner of col. 6. The sagacity of the printer has been deceived in one or two instances only. Thus he has committed the error of placing, at the head of his list, No. 1, "Dr. Elliotson's numerous cases of surgical operations without pain in the Mesmeric state." After Dr. Elliotson we have, No. 2, Madame Bernard, the possessor of an ointment which will convert a deal chest into a hair trunk, and who makes payment contingent on success.

3. Dr. Dickson's Fallacies of the Faculty.
4. Dr. Ramadge on Asthma.
5. Dr. Alnatt on Tic (an error on the printer's part).
6. Dr. Smethurst on the Cold Water Cure.
7. Dr. Graham on the Cold Water Cure.
8. Mr. Edwin Lee on Animal Magnetism.
9. Mr. Stevenson on Deafness.
10. Messrs. Goss and Co. on Nervous Weakness.
11. Mr. Van Butchell on Piles.
12. La Mert on Self-preservation.

The "Times" printer should take out a patent for his nose.

INSTITUTE OF FRANCE.

ELECTION OF M. VELPEAU.

On Monday last, the Academy of Sciences, after various adjournments, proceeded to the election of a successor to Baron Larrey. The chief candidates were MM. Velpeau, Lisfranc, Lallemand, and Civiale. At the first ballot M. Velpeau obtained 20 votes; M. Civiale, 15; M. Lallemand, 14; M. Lisfranc, 6. On the second, M. Velpeau had 26 votes, and M. Lallemand 22. Finally, on the third ballot, M. Velpeau obtaining 33 votes, and M. Lallemand 26, the former gentleman was elected. It is worthy of remark, that M. Civiale obtained 15 votes, although his name had not even been presented in the list of candidates by the committee of the academy.

SUNDERLAND INFIRMARY.

Dr. George Fife (late of Newcastle) was on Friday, the 31st ultimo, appointed physician to the Sunderland Infirmary and Dispensary.

PATENT METALLIC PISTON.

Messrs. Weiss have invented a piston which seems to be a considerable improvement on those now in use. The principle is very simple. The external circumference of the piston is divided into three segments of a circle, and each segment is supported by a spiral spring, acting from the centre outwards. By this means the circumference of the piston is constantly pressed against the surface of the syringe, and the instrument is not apt to get deranged.

OBITUARY.

At Dresden, in the thirty-eighth year of his age, Dr. Bullard, a gentleman well known by his labors relative to the plague, to the study of which he had devoted the greater part of his life in Turkey and in Egypt.

PROMOTIONS AND APPOINTMENTS.

NAVAL.

Surgeons—W. C. Watt, M.D., to be deputy inspector of Malta Hospital, vice Martin, deceased; Gilbert King, M.D., to Bermuda Hospital, vice Kennedy, retired; William Lindsay, M.D., to the Illustrious, vice King; Alexander S. Allen, M.D., to the Queen, vice Watt; John W. Elliott, to the Howe, vice Allen; C. Wilkinson, to the Devastation, vice Elliott.

Assistant-surgeon—W. R. E. Smart, to the Sappho.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, March 31, 1843.

J. N. Watters, C. Irving, J. W. James, N. J. Highmore, J. Harrison, J. H. Stallard, F. H. Green, H. M. Cannon, J. M. Hudson, J. Paley, T. Smith, G. Taylor, G. P. Dale, G. W. Timms, J. T. W. Bacot.

BOOKS RECEIVED.

Lectures on the Eruptive Fevers, delivered at St. Thomas's Hospital, in January, 1843. By George Gregory, M.D. London: Renshaw, 1843. 8vo. pp. 258.

On Feigned and Fictitious Diseases, chiefly of Soldiers and Seamen, &c. By Hector Gavin, M.D. London: Churchill, 1843. 8vo. pp. 436.

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CAVENDISH SQUARE, LONDON.

Printed by SAMUEL TAYLOR, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by HENRY RENSHAW, at his residence, No. 356, Strand.—Saturday, April 8, 1843.

PROVINCIAL MEDICAL JOURNAL
And Retrospect of the Medical Sciences.

No. 133.] LONDON, SATURDAY, APRIL 15, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CLINICAL LECTURES
ON
SYPHILITIC DISEASES,
DELIVERED AT THE QUEEN'S CLINICAL HOSPITAL, BIRMINGHAM.

By LANGSTON PARKER, Esq.,
Surgeon to the Queen's Hospital, &c.

Lecture IV.

ON VENEREAL DISEASES OF THE PERIOSTEUM AND BONES.

GENTLEMEN,—I intend this evening to draw your attention to the case of Jane Mathews, who is now, and has been for some months, at intervals, a patient of mine in the Queen's Hospital. She is now in the institution for an ulcer of the leg of a peculiar kind, but when previously in the hospital was suffering from venereal nodes on the os frontis, radius of the right arm, tibia of the right leg, and fibula of the left leg.

I shall, in the first place, narrate to you the case with little comment; and in the second, illustrate the general history of venereal nodes from particular features in the case before us.

Jane Mathews, aged twenty-two, was first admitted into the Queen's Hospital under my care on the 25th of March, 1842. In her general appearance she was pale, sallow, and emaciated, and had the aspect of one whose health had been broken down by protracted disease. She had then a large painful swelling on the centre of the os frontis, the skin covering which was a good deal inflamed. This swelling had been in existence for a considerable time (about two years), and it presented evident marks of fluctuation. Some few months before she entered the hospital other swellings made their appearance. She had a large one on the fibula of the right leg, the skin covering which was also inflamed, and fluctuation in it evident. She had also an enlargement of a similar character on the radius of the right arm and tibia of the right leg. These made their appearance after her admission, were painful, and tender to the touch. The skin covering them was not inflamed; they appeared to be solid masses, and did not fluctuate or appear to contain any fluid. The patient told us that three years ago, then being in a bad state of health, she contracted sores on the genital organs, which were succeeded by bubo in the groin, which suppurated. In this state she was admitted into a public institution, and placed upon a course of mercury, which was pushed to salivation. She left the institution before she had recovered the salivation, with her health a good deal impaired; soon after this the first node on the forehead made its appearance. She remained in this state for a long time, between two and three years, in fact till her admission into the Queen's Hospital on March 25, 1842. She then presented the state I have already detailed to you.

To recapitulate the points of this case for a moment. You will bear in mind that two nodes, the one on the forehead and the one on the right fibula, evidently contained matter, whilst the remaining two were in an incipient state. She was very weak, her appetite bad, and she suffered much pain, particularly at night. She was put upon the use of the hydriodate of potass, with the compound infusion of gentian, and ordered at night five grains of jalap pill with opium. The hydriodate was ordered in small quantities in this instance; the proportions were one scruple only to the eight ounce mixture. The node on the fibula was so painful, and apparently so full of matter, that it was opened, and a large quantity of pus escaped. I wish you to remark this. Opening venereal nodes which appear to have suppurated is a practice not generally to be recommended; in this instance, however, it appeared unavoidable, since the skin was become so thin that it must have given way had the matter not been discharged. The abscess then opened has not to this day healed; it has run into foul ulcerations, with which we have had great trouble, and there has been about the ulcerated surfaces an inordinate degree of sensibility.

The tonic and opiate plan was continued for some time; the node on the forehead continued much in the same state; it was blistered, and the blistered surface dressed with strong mercurial ointment. The ulcers resulting from the node on the fibula had a foul, dirty surface, with jagged and thickened edges, not having at all the character of an ordinary ulcer on the leg, but more that of a primary venereal sore in the ulcerating or first stage. A variety of applications were used as dressings, but none appeared so useful as the ordinary black wash composed of calomel and lime water. This application, so commonly useful in primary venereal sores, is even more useful in those of a constitutional character like the present. Aqueous solutions of opium, or ointments containing mercurial ointment, with the powder of opium, might likewise be applied with much advantage in ulcers of a character similar to the present. The opiate cerate of the French codex, the form for which you will find at page 85 of my work on "Syphilis," would also have been an excellent application.

The nodes on the radius and tibia appeared to be getting worse, larger, and more tender to the touch, although the patient's general health was much improved. I now determined to put her on a mercurial course, and she commenced with caution the use of mercurial inunctions. This remedy was persevered in till the mouth became sore, and these sensible effects of mercury were kept up for some time; the nodes diminished under its use, which was at length discontinued, and the patient appeared to have got rid of her disease. Not long after, however (without having been exposed to cold, or even removed from her ward, which was kept very warm by means of fires day and night, and in which several other patients were taking mercury), the nocturnal pains in the bones recurred, and the nodes reappeared, and soon became larger than they had previously been, and were equally painful and tender.

She was now put on the use of the hydriodate of potass in gradually increasing doses, on Ricord's plan.

Hydriodate of potass, ten grains;
Distilled water, three ounces. In divided doses during the day.

The dose should be increased ten grains every three days till the disease yield, or the remedy disagree in some way with the patient.

Mathews was put on this plan; she began with small doses, which were gradually increased till she took fifty grains a day, which she did for three weeks. Under this plan the nodes gradually decreased—first lost their sensibility, then began to disappear till they were quite gone, and they have never returned. No ill effects were experienced by Mathews whilst taking the hydriodate of potass. Once or twice she complained of pain in the stomach and was feverish. When this occurred the hydriodate was omitted for the day, and a dose of opium given. The hydriodate of potass generally occasions warmth in the stomach, acceleration of pulse, and increase of appetite. It renders digestion more active. In large doses it gives rise to wandering pains in different parts of the body, a pustular eruption, and diarrhœa. Ringing in the ears is sometimes remarked, and an inordinate increase in the quantity of urine.

Under the gradually increased doses of the hydriodate of potass the nodes were cured, although in small doses it had at first failed, and the mercurial course also; in fact, the patient, although benefitted apparently at first by the mercury, was unquestionably rendered worse by it afterwards. The node on the forehead, which evidently contained matter, also quite disappeared under the use of the hydriodate of potass without breaking. It is to be remarked here, that the ulcer which had resulted from the opening of the node on the fibula had not healed; in other respects the local effects of the syphilitic poison were unquestionably removed by the hydriodate of potass. The general health, however, was not what it ought to be, although improved, and it is extremely probable that this poor girl will never enjoy good health again. Her general health, although previously bad, was unquestionably broken by the first course of mercury, and certainly not benefitted by the second, although this was conducted under very different circumstances from the first. She is now tormented from time to time with severe pains in the flat and long bones, and the head and extremities, and it is not improbable that nodes may again make their appearance in some other parts of the osseous system. As long as these pains continue she is not safe; they are at present fugitive, and not fixed; should they become localised I should consider them as depending upon inflammation of the periosteum, or superficial inflammation of the bone itself, and in that case recommend local bleeding with blisters, and the internal use of the hydriodate of potass.

Causes.—These enlargements of the bones, termed nodes, are clearly of a syphilitic character, and appertain to the natural history of the progress of the disease if suffered to go on unchecked by remedies. In the present instance no doubt can be entertained of the nature of the affection, since the history of the case is very clearly made out. Nodes arise as a consequence of primary venereal ulcers, when the disease has become constitutional from the absorption of the poison, and the poison has penetrated very deeply into the system. The bones are amongst the last organs to be affected by the venereal poison; hence, Hunter places them amongst the second order of parts affected in constitutional syphilis, and Ricord ranks them amongst his tertiary symptoms, in which, says he, the syphilitic virus is completely transformed. "It might be said (says M. Ricord) that in the secondary forms of constitutional syphilis, the virulent cause—*i. e.* the poison —still exists unchanged, but in the tertiary symptoms, amongst which we place the 'venereal node,' it is completely transformed." We may naturally here inquire whether mercury has anything to do with the production of nodes. I confess that in the present instance I am disposed to think that a great deal of the mischief from which this poor patient has so long suffered is due to the management, if not to the adoption, of the first mercurial course. "It is a fact," says Mr. Carmichael (Clinical Lectures on Syphilis, p. 10), "that in those cases of syphilis treated without mercury the secondary symptoms are particularly mild, and the bones are seldom or never affected." Yet Mr. C. admits the occurrence of diseases of the bones as proper to the natural history of constitutional syphilis, succeeding to three out of the four kinds into which he divides primary venereal sores.*

On the other hand, M. Ricord thinks that peculiarity of constitution, particularly the lymphatic temperament, a system depressed by dissipation, poverty, insufficient clothing, exposure to damp, &c., predispose to the occurrence of the tertiary forms of disease.

The treatment of the primary and secondary symptoms certainly has an influence over the occurrence or non-occurrence of the tertiary; "hence (says Ricord—Acton on Venereal Diseases, p. 390), daily experience proves that if secondary symptoms be treated without mercury, tertiary symptoms will frequently follow, and that even when mercury is employed at the early period of the occurrence of secondary symptoms, the appearance of tertiary symptoms cannot be prevented; in such cases, however, provided the mercury has been used judiciously, they will, however, be slight" (Acton, 390-91). It does not, however, follow that secondary symptoms should always precede the occurrence of tertiary, though in most cases they do. In many instances, as in the present, the disease passes on from the first order of parts affected to the third, without the intervention of any disease belonging to the secondary order. Thus, in the present case, the patient had sores on the genitals, and bubo (the first order of parts); subsequently nodes on the forehead, and shafts of the long bones (third order); but she has had no disease of the second order of parts, no secondary symptoms properly so called. She has never had any eruptions upon the skin, nor any ulceration of the throat, parts which belong to the second order.

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* Exposure to cold, whilst suffering from other forms of syphilis, or when using, or after having used, mercury, are considered by many writers as the chief causes of these forms of diseases of the bones. These diseases are, also, much less frequent in hot countries than cold, and in those places where a systematic simple treatment without mercury is followed. They are said to be rare in Sweden, Denmark, Hamburgh, and Vienna, where such treatment is adopted. On the other hand, such diseases of the bones are unknown, except syphilis have existed in the constitution, though they are more frequent, perhaps, when mercury has been given for its cure if the patient be of bad habit of body, and exposed to cold during its administration. The same remarks will hold good with regard to syphilitic iritis. Yet these diseases, the latter more especially, are, in many instances, only to be cured by mercury.

"The rarest cases that we meet with are those which succeed to primary sores treated by mercury, when, after exposure to cold, from disease, or some exciting cause, tertiary symptoms declare themselves at first under a slight form, but successively increasing in severity" (Acton, 391). In the case before us we must admit that the present class of symptoms are due to the syphilis in the first instance, and the injudicious use of mercury in the second, and, in addition, she had to contend with a disordered condition of the general health when she contracted syphilis, probably the result of dissipation; so that we have a disease to contend with which, in the language of John Hunter, is compounded of syphilis, mercury, and the constitution. It must at once be evident that the treatment in such a case cannot in any way be specific.

Pathology.—Nodes, as they are commonly termed, result from an effusion or deposit between the periosteum and bone, the result of inflammation affecting one or both of these parts. Very commonly they are dependent upon a superficial inflammation of the bone itself, which is well exemplified in the node on the forehead in Mathews' case, which, when the effusion consequent upon the inflammation of the bone had disappeared under the use of the hydriodate of potass, showed the surface of the bone necrosed and destroyed to some extent. These effusions between the periosteum and bone may consist of serum, pus, or lymph. In the node on the fibula a considerable quantity of pus existed, though thickening of the bone remained after the pus was evacuated. On the forehead, when the pus was absorbed, the bone remained necrosed. Two of these nodes then contained pus, the result of inflammation, most probably, of the proper bony tissue, since we find alberation, in this tissue itself, remains after the more immediate effects of inflammation have disappeared. Again, nodes commonly are produced by an effusion of a proper osseous matter, similar to the provisionary callus first thrown out in cases of recent fracture. Some of the other nodes, very likely, were thus formed, since they presented the feeling of a true enlargement of the bone itself. This is, most probably, the first effect of the inflammation of the surface of the bone, and the effusion of pus and serum are subsequent, supposing the inflammation to proceed unchecked by remedies. Mathews, since her readmission, has complained of wandering pains in the left tibia, which have now become fixed, and, on examining it, there is a distinct enlargement, very tender to the touch. If this were suffered to go on, there is no question but that suppuration would take place.

Nodes may terminate in a great variety of ways, many of which are exemplified in Mathews' case. First, by resolution—*i. e.*, by the subsidence of the inflammation of the bone and periosteum which produced them, and the absorption of the fluids or matter effused. This has taken place under the use of the hydriodate of potass in three of the nodes in the case before us—in that on the tibia and those on either arm. There is on one of the arms, where a node had previously existed, the slightest possible roughness of the surface of the bone existing, with a very slight enlargement, neither of them perceptible except submitted to very careful examination; in this instance, osseous matter has been found between the periosteum and bone, and has not been completely absorbed. In other instances, after the node has disappeared, the surface of the bone remains uneven, depressions exist in it, little holes, as though a portion of the bone had been eaten away, which is the case. This either arises from the pressure exercised by the effusion of the fluid between the periosteum and bone having produced absorption, or from the bone having become softened and carious from inflammation of the bony tissue itself. This mode of termination is also exemplified in Mathews' case, where, after the disappearance of the node on the forehead, under the same treatment, the surface of the bone was found destroyed to some considerable extent; this is, no doubt, the mode in which the appearances witnessed frequently in diseased bones has been produced. [Specimens on the table.] If the node has suppurated, and has either burst of itself or been punctured by a lancet, and the surface of the bone has been exposed, caries commonly follows to some extent, and the soft parts run into ulcers exceedingly difficult and sometimes impossible to heal. Mathews has an ulcer of this kind, produced in this way, to which every variety of application has been used; at times it gets nearly well, and then suddenly begins to ulcerate again, having thickened edges, not unlike a primary venereal sore on other parts. In some instances, where osseous matter has been thrown out between the periosteum and bones, such effusion remains permanent; the inflammation accompanying, or dependent upon such state, subsides under proper treatment, but the deposit of osseous matter remains permanent, and produces one form of exostosis. Mathews does not offer in any marked degree this form of the termination of venereal ostitis and periostitis, except so far as the trifling roughness and thickening on the bones of the arm constitutes this condition.

Diagnosis.—It is possible that venereal diseases of the bones and periosteum, but more particularly inflammation of the latter, causing effusion between it and the bone, may be mistaken for or confounded with periostitis arising from other causes, and more particularly where these are of rheumatic origin and character. A very remarkable example of this is now in the hospital, in the lower women's ward; a girl named M'Carthy, a servant of good character, never having had any venereal affection in the shape of primary sores or discharges, or secondary affections in the shape of diseases of the throat or skin, has suffered much, for some time past, from rheumatic pains in different parts of the body—in the joints, the shoulders, and other parts; they are worse at night, particularly when she is warm in bed. This affection commenced twelve months ago, and, at first, was seated principally in the joints. She has now a large node on the tibia, painful and tender to the touch, for which leeches and a blister have been prescribed, and calomel and Dover's powder internally; she has still accompanying this node rheumatic pains in other parts of the body, more particularly in the shoulders. I look upon this as a case of rheumatic periostitis, resembling very much in many of its symptoms true venereal periostitis, but evidently differing from it in its mode of origin, as the history of the case very plainly shows. In drawing a differential diagnosis between this case of rheumatic periostitis and that of venereal periostitis we should be guided by the history of the case, and the preceding occurrence of some of those forms of constitutional syphilis which belong to the secondary symptoms. A patient in this state will not improbably conceal from you that she has had any primary disease in the genitals, but she will be sure to tell you whether she has had sore throat or blotches on her body. The latter symptoms she has no interest in concealing, because she is not aware of their character or mode of origin. If, then, in a case of periostitis assuming the form of nodes, you cannot trace the pre-existence of either primary sores, or discharges from the genitals, or any previous sore throat of a tedious character, or blotches upon the skin, you are not warranted in supposing the disease to be of venereal origin. The very aspect of a patient will enable you at once to decide upon the character of the affection; let any one compare the two patients, Mathews and M'Carthy, and they will at once be convinced that there is a striking difference in the nature of the diseases from which they are suffering. I am not aware either that periostitis, arising from causes not venereal, is complicated or succeeded by those diseases of the bones ending in caries, which we so commonly notice in the disease when it has a venereal origin. I do not think that the symptoms immediately preceding the development of nodes would enable us to form a very certain diagnosis of the nature of the affection; they are both preceded for some time before the appearance of nodes by nocturnal pains. The seat of the pains may in some measure guide us. In the rheumatic forms of disease the pains are situated in the joints or fleshy parts, as the shoulders; in those of venereal origin the pains are more in the shafts of the long bones, particularly of the radius, ulna, tibia, fibula, and in the bones of the head; in the rheumatic forms they sometimes, but rarely, affect the parts I have mentioned. Venereal nodes are, again, to be carefully distinguished from that uneven and irregular enlargment and softening of the surface of the bones, which is dependent upon malacosteon or rickets; nevertheless, the experienced Antoine Portal has shown that some forms of constitutional syphilis are marked by softening of the bones, without caries or exostosis. The first series of cases narrated in his treatise on rickets refer to venereal rickets, or rickets traceable to a venereal taint. He states that this species of disease may produce softening of the bones without caries; at other times it produces a peculiar brittleness.

The *prognosis* in venereal diseases of the bones and periosteum is not always favorable. If the health of the patient be unbroken by previous courses of mercury incautiously administered, we may hold out hope of speedy recovery with some degree of certainty; but if, as in the case of Mathews, the constitution has been impaired by poverty, debauchery, bad living, mercury, and syphilis, all contributing their part to the destruction of the patient, we have a disease to contend with which will sometimes baffle all our treatment, however skilfully it may be framed, and however unweariedly it may be followed out both by practitioner and patient. At any rate no rash promises must be made as to certain and speedy amendment, since relapses after partial restoration are so frequent. In Mathews' case, where the nodes had entirely disappeared, once under the use of mercury, and a second time under the use of the hydriodate of potass, fresh ones have made their appearance—one on the tibia of the right leg and a second smaller one on the forehead. It is to be remarked with regard to these two last nodes that they do not occupy the same seat as the first nodes, but have broken out in another part of the osseous system. The first crop of nodes which had disappeared under the use of mercury returned again in the same places; since they disappeared under the use of the hydriodate of potass they have never returned. No diseased action appears to remain in those parts where the nodes were seated, with the exception of the ulcer on the leg.

Of the Treatment.—This naturally divides itself into constitutional and local. By the former we endeavour to correct the poisoned condition of the system from which the local disease had its origin, and upon which it depends. By the latter we endeavour to remove the local effects which such a condition of the system generally has produced.

Most of the earlier modern writers on syphilis, from Hunter downwards, recommend full mercurial courses for the cure of syphilitic diseases of the bones and periosteum, such as those I have described. Amongst the more prominent of these writers, I may mention Hunter, Bell, and Swediaur. The latter says, "All syphilitic complaints of the bones require a complete mercurial course, continued longer than for the affections of the soft parts; for it is sometimes necessary to continue the use of mercury for three or four months, in order to obtain a radical cure." Bell says (p. 239, vol. ii.), "In every affection of the periosteum and bones, arising from the syphilitic virus, mercury should be given immediately, for it is upon this remedy that we chiefly depend." The same opinions will be found reiterated by all modern writers, from Hunter downwards, till the therapeutic effects of the hydriodate of potass attracted attention in certain forms of constitutional syphilis. We find Sir A. Cooper inculcating the same line of practice of blue pill and opium.

Venereal diseases of the bones and periosteum we have now learnt may, in many instances, be treated by iodine and the hydriodate of potass, as successfully as by mercury; at least, it becomes our duty, generally speaking, in these affections, not to have recourse to mercury till we have tried these medicines and proved their inutility. Venereal nodes, too, will often return after they have been treated by mercury, as in Mathews' case; and it then becomes certainly a much more prudent course to try the effect of the preparation of iodine than to submit the patient again to mercurial treatment. We may, perhaps, be enabled to judge from the history of a case which remedy is of these two—viz., mercury and iodine—the most likely to benefit the patient; I believe it possible to point out the kind of case in which each might find its suitable application. If a patient present himself to you with a true venereal disease of the bones and periosteum, if the health be tolerably good, and if the primary or secondary antecedent venereal disease of such patient have been treated on the simple plan without mercury, I would recommend you at once to place him upon a mercurial course. You may, it is true, cure him by the hydriodate of potass, but you will be longer about it; you will not cure him as well, and it will be, from the length of time you are about it, at much greater expense of pain to the patient. If, again, in such a case the inflammatory action accompanying the disease be very acute, the parts very hot and tender to the touch, and the integument covering the bones itself inflamed, mercury is still more strongly indicated; get your patient as quickly as you can under its influence, not, perhaps so much with the view of specifically curing his syphilis as with the intention of controlling inflammation by the aid of mercury. We know how efficacious mercury is in the treatment of many forms of acute disease, and more particularly when acute inflammation of this character is the result of a venereal taint. You will then, Gentlemen, bear in mind the circumstances which are to lead you to select mercury as your remedy in venereal diseases of the bones and periosteum—viz., an unimpaired constitution on the part of your patient, and his previous syphilitic diseases having been treated on the simple plan without mercury. Where diseases of the bones and periosteum occur in patients whose health is either naturally delicate, or which has been rendered so by protracted venereal diseases and repeated courses of mercury, I would not advise you to use mercury. You may, possibly, by having recourse to it under such circumstances, benefit your patient for a short time, but the disease, as in Mathews' case, is very liable to return, and the constitution will be very probably utterly destroyed. In a case of this kind you may with every prospect of advantage to your patient commence the constitutional treatment of the disease by the hydriodate of potass in three or five grain doses three times a day in an ounce of cinnamon or peppermint water, the compound infusion of gentian, or the compound decoction of sarsaparilla. There commonly exists a preternatural irritability in the bowels of patients who have frequently had recourse to mercurial courses; and hence it becomes very necessary to guard against any ill effects (such as pain or purging) which the hydriodate of potass may produce; for this purpose a few minims of the tincture of capsicum, with or without laudanum, may be added, according to circumstances, to the vehicle in which the potass is given. The dose of the hydriodate must be gradually increased from three to five grains every three or four days, till the disease gave way or some circumstance occur which will prevent you either continuing its employ or requiring a diminution in the dose.

Almost all the varieties of venereal nodes are on their first appearance tender to the touch; the first effect of the hydriodate is a diminution of this tenderness, then diminution of the node itself, which, in many cases, gradually and entirely disappears under the use of this salt. If, after the continued use either of this medicine or mercury for a reasonable length of time, the node have diminished to a certain point, and there remains hard and stationary, without tenderness, we are to look upon this as effused osseous matter, constituting a true exostosis, which is hardly likely to be removed by a further continuance of medicine. The dose of the hydriodate of potass has been carried, by Magendie and Ricord, to several drachms a day; in my own practice I have never given more than 100 grains a-day, to which extent, or even further, it may be pushed with the most perfect safety.

The local treatment of venereal diseases of the bones and periosteum is also of great importance. As many of them are ushered in with symptoms of inflammation more or less acute, an antiphlogistic local treatment, suited to the degree of inflammation present, should be adopted; several relays of leeches should be placed over the node till all tenderness shall have disappeared; these are to be succeeded by blisters, which should be dressed with the stronger mercurial ointment. The continued application of blisters, even after all constitutional treatment shall appear to have lost its effect, will often succeed in reducing very considerably the size of a venereal node. Many other remedies may be used with the view of dispersing a node when perfectly chronic—*i. e.*, when all symptoms of inflammation have disappeared; amongst these may be mentioned frictions with mercurial ointment, and camphor, with the hydriodate of potass ointment, the application of the tincture of iodine, or the solution of iodine in the hydriodate of potass, so generally used, and with such signal success, in this hospital; and with pressure and strapping with the empl. ammoniaci cum hydr., which you have seen so useful, employed in the same way in venereal affections of the testes, particularly those which succeed to gonorrhœa. A question of great practical importance remains to be here considered in reference to the treatment of collections of fluid which succeed to or accompany venereal ostitis and periostitis. If fluctuation be evident in a tumor of this kind, and no redness or thinness of the integument have taken place, I do not think you will find any author who would be imprudent enough to recommend the puncture of such a tumor with a view of discharging its contents; should you do so you are very likely to produce caries and exfoliation of the bone beneath, the extent and consequence of which it is impossible for you to foresee. Sir A. Cooper mentions the case of a person who died in consequence of exfoliation produced by the opening of nodes on both his tibiæ. The node which was opened on Mathews' fibula has not yet healed, and I question if it ever will. In these cases, then, you are on no account to lay open these collections of fluid, but by a perseverance in the constitutional method of treatment, and the repeated application of blisters, you are to endeavour to procure absorption of the fluid effused. Where the existence of pus is rendered still more certain by the redness and shining appearance and thinning of the integument covering the tumor, I cannot advise you to follow the advice of Sir A.

Cooper, the same distinguished surgeon—"to make an incision down to the bone." I would rather press upon you the importance of the advice given by Mr. Colles in reference to this point, the exemplification of which will be found in the history of the node on the forehead in Mathews' case. "Some," says Mr. Colles, "have proposed the early opening of the tumor, and the evacuation of all the contained fluid. To this proposal I would object, that in some cases this particular practice is followed by painful suppuration, and by very copious discharges, and not unfrequently by caries and tedious exfoliation of the bone. It seems preferable in all cases to try the local and constitutional effects of mercury and iodine, and by means of these to endeavour to avert suppuration and ulceration. This rule should be most strictly adhered to in the case of nodes on the forehead, or on any exposed part of the body; for when a node has been of long standing we often find that a sort of chronic suppuration is established, the integuments become thin and sometimes red; at other times they are reduced to the utmost degree of thinness and yet may retain their natural color, so that the surgeon is actually tempted to give vent to the fluid by the puncture of a lancet. Yet if he will but resist the temptation which the very thin state of the skin offers to him to open it, and will still apply repeated blisters, he will have no reason to lament his forbearance; for as soon as the mercury or hydriodate of potass comes to act favorably on the system, he will perceive that the fluid begins to be absorbed, and that this process will finally be terminated by the adhesion of the skin to the surface of the bone (illustrated by Mathews). From the depressed position of the skin after adhesion has taken place, and the sunken unequal surface which the bone presents to the touch, we are convinced that an absorption of the bone has gone on to some depth" (Colles, p. 187).

In such cases, then, it might be well, if much distension be present, not to lay the abscess open with a lancet, but to puncture with a very fine trocar, such as you have seen me use in the hospital in several cases. This mode of practice will relieve the distension, and give time for other treatment to be brought to bear, at the same time the puncture will be so small that no air can possibly be admitted, the surface of the bone will not be exposed, and the risk of caries and exfoliation will certainly not be increased.

COMPOUND FRACTURE OF SKULL, WITH LOSS OF BRAIN.—RECOVERY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Since injuries of the head, attended with loss of brain, are not of frequent occurrence, perhaps the particulars of a case will not be found devoid of interest to many of your readers, should you think it deserving a place in your Journal. The case occurred in the practice of Mr. Ness, by whom, and myself, the case was regularly visited.

I am, Gentlemen,
Yours respectfully,
Thomas A. Robinson, Surgeon.
Helmsley, near York,
April 7, 1843.

On December 13, 1842, the patient, a youth, about fourteen years of age, whilst riding quickly with the fox-hounds, was knocked from his horse by his head coming in contact with the branch of a tree; when raised from the ground he was found very much stunned from the shock, unable to speak, and was bleeding from his nose, mouth, and a wound at the side of his head. On being seen, about half an hour after the accident, he had recovered a little from the severe shock; would utter complaints on being moved; surface of his body rather cold; pulse 70, small, and feeble; the scalp on the right side of his head, near the juncture of the frontal with the parietal and temporal bones, was raised, forming a tumor, about two inches in diameter, in the centre of which was an aperture, but just large enough to admit a probe; from this opening had oozed, and still continued to ooze, much blood, with which, on the tumor being pressed, were mixed small masses of cerebral matter, portions of which were found also adhering to the lining of his cap; the right eyelid was much swollen, and the conjunctiva injected with blood. During the time occupied in cleansing the wound, and removing the hair from around it, he became very restless, could not be made to utter a complaint, his arm and leg of the left side moved convulsively, and twitchings of the muscles of his face occurred. He was immediately bled to about a pint, during which the convulsive movements ceased; vomiting now occurred, of much tarry-looking matter, and bleeding from the nose recurred.

He was conveyed to the house of a relative, distant about half a mile, after which, on being visited, he was found in a nearly insensible state; warmth of body much below natural; pulse 58, weak; the arm and side of his face of the left side paralysed; pupils but little sensible to the stimulus of the light of a candle, the right being contracted, the left dilated. Fearing the pressure on the brain arose from depressed bone, which an examination with a probe through the small opening failed to detect, the wound was enlarged about one inch and a half; it bled freely for some time, and caused the loss of more cerebral matter, which appeared to have been lodged beneath the scalp; further search discovered no depression, the whole of the cerebral matter which escaped amounted probably to about the size of small walnut. About ten hours after the accident, on visiting the patient, I found the natural warmth of body restored; pulse improved in frequency and strength; he could answer in monosyllables; the scalp around the wound was warmer than natural. Saturnine lotions were applied to the head, and three grains of calomel given every three hours, and cold water for drink; he passed a rather restless night. During the morning of the following day his bowels were freely evacuated (having had croton oil placed on his tongue). In the evening he became comatose; no answers could be elicited; the surface fell in temperature; respiration became slower, more noisy and catching, and deglutition of liquids very difficult; the right pupil was more contracted, the left more dilated than natural, both less sensible to light.

On the following day (the second after the accident) a general improvement in the symptoms occurred; the breath had acquired the mercurial fœtor; he complained of urgent thirst. Ordered only two grains of calomel every four hours.

On the evening of the third day the patient became very restless; slightly delirious, with increased heat of head; the saliva flowed from his mouth, and the gums were visibly affected by the mercury. Ordered calomel to be omitted; a simple febrifuge mixture to be taken every three hours, and six leeches to the right temple. A state of quietude followed the application of the leeches; the seat and extent of the fracture could now be observed (the swelling having subsided); it appeared confined to the parietal bone, was of semilunar form, with its concavity directed to the temporal; rise and fall of the fractured portion distinctly observed on being pressed with the finger; the lacerated scalp was about half an inch above the convexity of the fracture.

During the following day he appeared better; asked and answered questions, till the evening, when he became restless, with a more frequent pulse, but which ceased on six leeches being reapplied; the wound of the scalp was now healed, there having been but little discharge from it.

On the following evening (of fifth day), after passing a favorable morning, he sunk gradually into a state of stupor, from which he could not be roused; pulse 72, very feeble; temperature of body much below the natural standard; left pupil became contracted, and differed but little from the right in sensibility. Ordered warmth to be applied externally. He now appeared to improve till the evening of the seventh day, when he became feverish, and afterwards very drowsy, which state had probably arisen from having taken some gruel allowed him by his friends in complying with his frequent solicitations for food, but was relieved by the reapplication of leeches; he had been previously allowed nothing but cold water for allaying his thirst, which was very urgent; I need scarcely add that regularity in his secretions had been carefully attended to. For some days following he appeared to progress favorably; has been very craving for animal food; he was allowed the lighter farinaceous preparations. On one visit he was found in a profound sleep, and on raising his eyelids the pupils of *both* eyes were found contracted to a point, though they still differed much from one another in the waking state.

On the thirteenth day he was found sitting in a chair, rational, and talkative. For the last few days he could perform voluntary movements with the previously paralysed arm, and now slight motion of the fingers can be perceived; countenance approaching more nearly the natural state; pupils nearly natural in appearance and sensibility; a peculiar resonance of the voice when the patient speaks is felt by the hand placed over the seat of fracture. On the following day he was conveyed home (about six miles distant), and received strict injunctions respecting his diet and attention to his secretions. He has been occasionally visited since, has had nothing to retard his recovery beyond a partial separation of the edges of the wound, which discharged a thin serous matter, and was followed by an excess of granulating matter, but which yielded to common treatment. He has now been for some time capable of following his usual occupations.

REMARKS.

It may be thought by some that the antiphlogistic treatment was here too rigidly enforced; but it may be remarked, that when we have the head the seat of serious injury, we cannot be too vigilant in noting the slightest changes in the symptoms. Our attention should be directed to the *prevention* of inflammatory action arising, rather than to its *removal* when established. With the former intention how effective are our remedies when judiciously used; with the latter, unfortunately, how frequently are they ineffective, even when directed with the greatest skill!

COMPOUND DISLOCATION OF ANKLE-JOINT.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I beg to transmit to you the accompanying case, which occurred in my colliery practice lately, for insertion in your Journal.

Your obedient servant,
HENRY FEATHERSTONHAUGH,
Surgeon to the Gateshead Dispensary, &c.
Newcastle-on-Tyne, April 10, 1843.

On the 21st of February I was sent for to attend William Murray, aged twelve, a fine healthy boy, who had been injured whilst at work in Heaton Colliery, by the waggons passing over him.

Appearances and Symptoms.—He is in a state of collapse, but sensibility has returned. There is a complete compound dislocation of the right ankle-joint, exposing the articulating surface of the astragalus, and the whole of those of the tibia and fibula, the plantar aspect of the foot being turned inwards and upwards, to such an extent that if he were placed in a walking position, the articulating surfaces of the two last-named bones would rest on the ground. The tendons have escaped injury, and neither the internal nor the external malleolus is fractured. There is considerable tumefaction and ecchymosis of the face, neck, and eyes, with hæmorrhage from both ears; there is also a comminuted fracture of the right clavicle, and two or more fractured ribs, with emphysema on the same side, extensive lacerated wounds of the perineum and left leg, with other severe contusions of the body.

Treatment.—The foot was placed in its natural position without much difficulty, and a single suture passed through the centre of the wound, which was drawn close by means of adhesive plaster; the limb was then laid on its outer surface on a pillow, and linen cloths, wet with cold water, constantly applied; a flannel bandage was passed round the chest, a pad put into the axilla, the arm slung across the chest, and the other wounds dressed.

The ordinary means were resorted to until reaction was established. An anodyne was then administered, to be followed by an aperient in the morning.

22. Is sensible; has had a very restless night; pulse 100; complains of pain in head, chest, and foot; intense thirst; slight hæmorrhage from ears; the eyes are surrounded by black rings of ecchymosis, and the lids, face, and neck, are much swollen and ecchymosed; bowels have been gently moved; has

passed a quantity of urine; slight swelling of limb. Cold lotion to be applied to the head; continue cold dressing to the leg. To take an aperient mixture till the bowels are freely moved. Low diet.

23. Delirium during the night and to-day; complains of pain in the chest and foot; hæmorrhage from ears has ceased; urgent thirst; pulse 140; cheeks flushed; hot skin; leg much swollen; has had his head shaved, and cold lotion applied; bowels have acted freely. To take two grains of calomel and a quarter of a grain of opium every three hours, with a saline mixture. Continue cold dressing to the leg.

24. The symptoms continue much the same as yesterday; wounds dressed. Repeat the medicine.

25. Has had a restless night; delirium continues; bowels act freely; pulse 120; great thirst; hot skin; pain of chest and foot; leg much swollen; swelling of face and neck fallen. Dressed as before; continue medicine.

26. Is sensible; has had a better night; thirst not so urgent; pulse 110; leg looks better; less pain in chest and foot; bowels open; swelling and ecchymosis considerably abated. Dressed as before; discontinue powders.

27. Still improving.

28. Rested well; thirst less urgent; pulse 110; bowels open; has expressed a desire to take food; leg improving; pain in chest and leg slight; other wounds healing.

Since this period he has gone on favorably, can move the foot slightly, and is now able, with the aid of crutches, to get into the open air daily.

TREATMENT OF DYSMENORRHŒA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Mr. Toogood has again drawn the attention of the medical profession to the treatment of that painful and distressing affection, dysmenorrhœa. On a former occasion, I ventured some observations upon the pathological condition and treatment of it; experience and observation, strengthened by reflection, have further confirmed me in the opinion, that the malady is connected with, and dependent upon, a congestive or inflammatory state of the uterus and its appendages, and that in the successful treatment of it we must have due regard to the causes, constitutional peculiarities, and temperament of the individual, but especially to the pathological condition of the uterus; in other words, to the proximate cause of the affection.

In some cases the congestive state of the organ is more defined and obvious; in others, the inflammatory is almost or equally so; the treatment under the two states will require some modification accordingly. Abstraction of blood locally, is, of course, the means the most calculated to give immediate and quick relief, and to the efficacy of this Mr. Toogood bears his testimony. Counter-irritation and determination of blood and nervous influence to other neighbouring organs, especially such as sympathise with the uterus, will tend to relieve; and, perhaps, the most obvious and ready means of doing this will be by exhibiting a nauseating dose of ipecacuanha, which will likewise determine to the skin, and, by promoting perspiration, relieve the congested state of the internal abdominal organs and deep-seated hæmorrhoidal and uterine vessels; of course, the bowels should be duly relieved, but in doing so all resinous and stimulating purgatives, as aloes, colocynth, &c., must be studiously avoided—injurious in this as in all uterine maladies. Castor oil may be beneficially administered; or what I prefer is the solution of sulphate of magnesia, with tincture of hyoscyamus, as more calculated to unload the congestion of the vessels of the pelvis by procuring watery evacuations. In very acute and painful attacks it may be desirable to premise a full anodyne of hyoscyamus or Dover's powder, with or without a moderate dose of calomel. Mr. Toogood recommends a powerful remedy, and which he has found most efficacious, of stramonium and hyoscyamus. As the malady arises from an effort of nature to keep up the regular periodical monthly discharge, there is a determination of blood to the organ to effect the desired relief, but spasm and constriction in the excreting and secreting vessels of this muscular organ oppose nature's operations; hence, the duty of the practitioner is to relieve this state of things. The spasm and pain will be relieved by anodynes; the congestion by local abstractions of blood, by cupping to loins, leeches to the groins, &c., by nauseants, sudorifics, and saline aperients. The warm hip bath or well applied fomentations will materially assist nature in duly and fully re-establishing the desired periodical secretion; the hip bath, persevered in, is a powerful means of effecting this by allaying spasm and promoting the unloading of the distended vessels.

This, after all, is the most natural and most desirable means of obtaining relief; there is reason to believe that the impression of cold winds and wet are often instrumental, by driving the blood from the surface of the body to the internal organs, in aggravating the malady. Instances are not unfrequent of the inflammatory state being most marked, so much so that a false membrane of coagulable lymph is found lining the interior of the uterus, similar to what is met with in acute attacks of cynanche. Flakes and bits of stringy matter may be observed in the discharges from the organ under these attacks; in this form of the affection a judicious and well-regulated exhibition of mercury will be very servicable, persevered in so as to affect the gums. On chronic disorders of the general health this affection may be dependent, and will require corresponding treatment. In the slight and occasional attacks some persons find relief from a dram of English gin; its cordial properties allay spasm, and it is not improbable that the terebinthinate nature of juniper may, by determining to the kidneys, tend to relieve. The efficacy of turpentine by the stomach or injection has not, I believe, been tested in this affection.

The following will be found a valuable combination in many cases of this affection:—

Camphor and extract of hyosciamus, of each twenty-four grains;
Ipecacuanha, forty grains; or
Tartar emetic, three grains. Make twelve pills; two every second or third hour until the pain be relieved.

In chronic and inflammatory cases blue pill may be added with advantage. Fearing lest I may trespass too much upon the columns of your Journal,

I remain, Gentlemen,
Your obedient servant,
William Welton,
Woodbridge, April 10, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, APRIL 15, 1843.

Mr. Jacob Bell, of Oxford-street, a gentleman whose zealous and well-directed efforts have mainly contributed to raise the profession of pharmacy to the respectable station which it must henceforth hold, has published a highly interesting pamphlet, entitled "An Historical Sketch of the Progress of Pharmacy in Great Britain." We would strongly recommend this pamphlet to the attention of our readers.

The matter contained in it is varied, entertaining, and useful. The author, disposed neither to extenuate nor to set down in malice, gives a fair and correct history of the various circumstances which have agitated the lower strata of our medical atmosphere during the last three centuries, and furnishes us with a series of facts which teach a moral that all parties should adopt if they be wise. This moral, to use the words of Mr. Bell, is, "That political controversies and mercenary disputes are injurious to the interest and character of all parties—that the most effectual method which any class of men can adopt for securing their political rights and advancing their professional standing, consists not in disputation and warm argument, but in a steady and persevering attention to intellectual improvement and the establishment of such regulations as are calculated to ensure collective privileges by increasing the amount of individual merit."

The history of pharmacy, at an early period, is involved in some obscurity. The first chemists were the physicians who prepared their own medicines, but the professors of the healing art, at this remote period, were not distinguished for knowledge; indeed, so difficult was it to discriminate, not between different degrees of skill, but between the various shades of ignorance, that Mr. Bell informs us "it was not uncommon for patients to be placed in public thoroughfares, in the hope that some persons who happened to pass might be able to recommend a remedy from the result of their own experience when afflicted with similar symptoms."

The first act of Parliament relating to the medical profession was passed in the year 1511, and authorised the institution of a faculty, the members of which practised medicine, surgery, and pharmacy. The physicians' assistants were denominated apothecaries, and it was from this latter class of gentlemen that emanated the modern apothecary.

The period at which the physicians gave up the practice of preparing their own medicines is uncertain. The earliest notice we have of such separation of the trade from the science does not go further back than the reign of James I., when a company was formed (to the exclusion of grocers) for the "sole purpose of selling of drugs, and preparing and compounding of medicines, according to the physicians' orders and directions."

This appears to have been an Apothecaries' Company; it was formed in 1617, and enjoyed the exclusive privilege of selling and compounding medicines; for it was enacted, at the same time, that no grocer should keep an apothecary's shop, and that no surgeon should sell medicines. Articles in the raw or unprepared state, and those medicines which required the aid of fire for their preparation (such as preparations of minerals, earths, and metals) were sold by merchants and druggists, who were sections of the Grocers' Company. In the progress of time and with the advancement of knowledge the apothecaries gradually emancipated themselves from the thraldom of the law, and took to prescribing remedies as well as compounding or preparing drugs, and a violent feud, which has never since been extinguished, arose between them and the physicians.

One of the earliest discoveries which these worthy gentlemen made was the tendency of John Bull to swallow any quantity of stuff, in the shape of physic, and of this tendency they freely availed themselves.

The following curious example is quoted by Mr. Bell:—

> "Apothecary's bill for attending Mr. Dalby, of Ludgate-hill, for five days, total amount £17 2s. 10d.
>
> *Medicines for* one *day, August* 12.

	£.	s.	d.
An emulsion	0	4	6
A mucilage	0	3	4
Jelly of hartshorn	0	4	0
Plaster to dress blister	0	1	0
An emollient glister	0	2	6
An ivory pipe armed	0	1	0
A cordial bolus	0	2	6
The same again	0	2	4
Another bolus	0	2	6
Another draught	0	2	4
A glass of cordial spirits	0	3	6
Blistering plaster to arms	0	5	0
The same to wrists	0	5	0
Two boluses again	0	5	0
Two draughts again	0	4	8
Another emulsion	0	4	6
Another pearl julep	0	4	6"

This was driving a profitable trade with a vengeance—profitable, at least, to the apothecary, though not to the unfortunate victim of his avarice; and as, from the frailty of our nature, bad examples are much more contagious than good ones, the physicians set up a number of dispensaries in opposition to the apothecaries. These dispensaries enjoyed a large share of public patronage; and the assistants who were employed at them, under the instruction of the physicians, afterwards became dispensing chemists on their own account. From this source Mr. Bell dates the origin of the chemists and druggists.

From this period down to the year 1815 we find nothing but a series of unseemly quarrels, on the score of privileges between the apothecaries and the druggists. Mr. Bell gives a concise history of the various phases of this intestine war, and we must say, with little leaning to his own craft. The apothecaries were upheld by law, the chemists supported by public opinion; and after a contest, which continued for more than a century, the affair terminated in the admission of the "chemists' clause" into the act of 1815.

From this date the only point of contention between chemists and the profession was the right of practising medicine, asserted by some and acted upon by many of that body. Upon this point we shall not at present make any remarks. But a more important one for the well-being and respectability of the whole body of chemists and druggists was the expediency of obtaining for them a political existence, and uniting them into one society under the countenance and with the sanction of the law. This desirable end was attained by the formation of the Pharmaceutical Society and the subsequent granting of a royal charter. These events must exercise a highly beneficial influence on the progress of scientific pharmacy in the United Kingdom, and we cannot close these few observations without expressing our sense of the zeal and talent which Mr. Bell has shown in conducting a difficult enterprise to so successful an issue.

ACADEMY OF MEDICINE, PARIS.

April 4, 1843.

MENINGEAL APOPLEXY.

M. Prus read a memoir on this subject, of which the following is the substance:—The author distinguishes this form of apoplexy into two species—viz., sub-arachnoid and intra-arachnoid, and points out the differences between them.

In sub-arachnoid hæmorrhage the blood is frequently derived from a ruptured artery or vein; in twenty-four cases related by the author, this occurred fifteen times, and the rupture of the vessel may have existed in the remaining nine cases. In intra-arachnoid hæmorrhage the effusion of blood always arises from exhalation of that fluid. In the former species the blood is mixed with the cerebro-spinal fluid, and has a constant tendency to pass into the ventricles and vertebral canal; in the latter species the effused blood is generally limited. In sub-arachnoid apoplexy we never find any trace of false membranes; but in intra-arachnoid we always have a false membrane enveloping the clot about the fourth or fifth day.

Symptoms.—Muscular paralysis rarely accompanies sub-arachnoid hæmorrhage; it was met with only thrice in twenty-four cases. On the other hand, in eight cases of intra-arachnoid apoplexy, muscular paralysis occurred six times. Loss of sensation, when it does exist, which is very rare, is but slight in both species.

Deviation of the mouth is peculiar to meningeal hæmorrhage. Somnolence and coma almost constantly exist in both. In sub-arachnoid hæmorrhage we have no delirium, fever, or peculiar dryness of the tongue, which belong to the arachnitis which comes on, about the fourth or fifth day, in cases of intra-arachnoid hæmorrhage.

Termination.—Sub-arachnoid hæmorrhage was constantly fatal within eight days. In cases of intra-arachnoid apoplexy the patients sometimes lived for thirty days or more; and in some cases a cure is obtained, the blood being absorbed by the enveloping cyst. M. Prus cites an example of this mode of recovery.

Treatment.—In sub-arachnoid hæmorrhage the treatment should be directed towards moderating or arresting the effusion of blood, and palliating the effects of pressure. In intra-arachnoid hæmorrhage there are other and important indications to be fulfilled. The formation of the false membrane, which envelops and may absorb the clot, is not to be interfered with too far, while the effects of arachnitis must be checked.

INFLUENCE OF CLIMATE ON PULMONARY CONSUMPTION.

M. Casimir Broussais read a short paper on this interesting subject. The author's conclusions are founded on the sanitary reports addressed by the surgeons attached to the forces in all parts of France and Africa to the military board of health. From the African reports it would appear, that of 40,341 patients who were carefully examined, only 62 labored under phthisis, giving a ratio of 1 to 650; and only 1 death from phthisis to 102 from all other diseases. Now, the ordinary mortality of the French army from phthisis is 1 to every 5 deaths from other diseases, as has been shown by the researches of M. Bensiston de Châteauneuf.

This difference is so great, and has been deduced from so large a number of cases, that if it should be shown to be constant, the beneficial effects of the African climate in cases of phthisis may be considered as proven. M. Broussais does not conceal the objections which may be offered to any conclusions drawn from his facts. The principal are contained in the following questions:—Are the African troops, which furnish a mortality from phthisis of 1 in 102, of the same class as those which in France give a mortality of 1 in 5? Are they not selected troops, stronger, &c.? Finally, is not the mortality from phthisis replaced by some other which cuts off those whom phthisis would have attacked at a subsequent period, had they survived.

M. Broussais examines and discusses these objections in succession, and concludes,—

1. That no statistical documents prove the frequency of phthisis in India.

2. That the mortality from phthisis amongst the English soldiers in the West Indies is small, and one-fourth less amongst Europeans than black or colored people.

3. It has not been proved that pulmonary consumption is frequent in Martinique, Senegal, Cayenne, or Italy; on the contrary, the imperfect statistics which we possess seem to show the contrary.

ROYAL SOCIETY.

March 2, 1843.

On the Special Function of the Skin. By ROBERT WILLIS, M.D.

The purpose which is answered in the animal œconomy by the cutaneous exhalation has not, hitherto, been correctly assigned by physiologists. The author believes the essence of the function to be the elimination from the system of a certain quantity of water, and considers the saline and other ingredients which pass off by the skin to be too inconsiderable in quantity to deserve being taken into account. He combats the prevailing opinion, that this function is specially designed to reduce or to regulate the animal temperature. It has been clearly shown by the experiments of Delaroche and Berger that the power which animals may possess of resisting the effects of a surrounding medium of high temperature is far inferior to that which has been commonly ascribed to them; for in chambers heated to 120° or 130° Fah., the temperature of animals is soon raised 11° and even 16° Fah. above what it had been previously, and death speedily ensues. The diminution or even total suppression of the cutaneous exhalation, on the other hand, is by no means necessarily followed by a rise in the temperature of the body. In general dropsies, which are attended with a remarkable diminution of this secretion, an icy coldness usually pervades both the body and the limbs. A great fall in the animal temperature was likewise found by Fourcault, Becquerel, and Breschet to be the effect of covering the body with a varnish impervious to perspiration; and so serious was the general disturbance of the functions in these circumstances that death usually ensued in the course of three or four hours.

The question will next arise, how does it happen that health, and even life, can be so immediately dependent as we find them to be on the elimination of a quantity of water to the extent of about thirty-three ounces from the general surface of the body in the course of the twenty-four hours? To this the author answers, that such elimination is important as securing the conditions which are necessary for the endosmotic transference between arteries and veins of the fluids that minister to nutrition and vital endowment. It is admitted by physiologists that the blood, while still contained within its conducting channels, is inert with reference to the body, no particle of which it can either nourish or vivify until that portion of it which has been denominated the *plasma* has transuded from the vessels and arrived in immediate contact with the particle that is to be nourished and vivified; but no physiologist has yet pointed out the efficient cause of the tendencies of the plasma—first, to transude through the walls of its efferent vessels; and secondly, to find its way back again into the afferent conduits. The explanation given by the author is, that in consequence of the out-going current of blood which circulates over the entire superfices of the body perpetually losing a quantity of water by the action of the sudoriparous glands, the blood in the returning channels has thereby become more dense or inspissated, and is brought into the condition requisite for absorbing, by endosmosis, the fluid that is perpetually exuding from the arteries kept constantly on the stretch by the injecting force of the heart. Venous blood has, in fact, by repeated experiment, been found to be somewhat more dense than arterial blood, which being assumed to have a mean density of 1,050, venous blood may be taken as possessing a mean density of 1,053.

In an appendix to the paper, the author points out a few of the practical applications of which the above-mentioned theory is susceptible. Interference with the function of the skin, and principally through the agency of cold, he observes, is the admitted cause of the greater number of acute diseases to which mankind, in the temperate regions of the globe, are subject. He who is said to have suffered a chill has, in fact, suffered a derangement or suppression of the secreting action of his skin; a process altogether indispensable to the continuance of life has been implicated, and disturbance of the general health follows as a necessary consequence. Animals exposed to the continued action of a hot dry atmosphere die from exhaustion; but when subjected to the effects of a moist atmosphere of a temperature not higher than their own, they perish by the same cause, and that very speedily, as those which have had their body covered with an impervious glaze; in both cases, the conditions required for the access of oxidised and the removal of deoxidised plasma are wanting, and life necessarily ceases. The atmosphere of unhealthy tropical climates differs but little from a vapor-bath at a temperature of between 80° and 90° Fah.; and the dew point in those countries, the western coast of Africa for example, never ranges lower than three or four degrees; nay, is sometimes only a single degree below the temperature of the air. Placed in an atmosphere so nearly saturated with water, and of such a temperature, man is on the verge of conditions that are even incompatible with his existence; exposure to fatigue or to the burning sun, by which the activity of the skin is excited whilst the product of its action cannot be taken up by the air, is then necessarily followed by disease, which experience has shown to be of the most formidable nature. The terms *miasma* and *malaria* may, according to the author, be regarded as synonymous with air at the temperature of from 75° to 85° Fah., and nearly saturated with moisture.

What is the cause of the rapidly fatal event in the most acute forms of scarlatina? The dead body of the victim of this disease gives us no information. The patient has undoubtedly been placed by the nature of his disease in precisely the same circumstances as he would have been had his body been completely covered by an impervious glaze; the function of his skin is abolished, and unless this be speedily restored he will be lost. The remedy then is not to be sought in wine and brandy, but in tartar emetic.—*From Proceedings of the Royal Society,* March 2nd and 9th.

SHEFFIELD MEDICAL SOCIETY.

March 23, 1843.

Dr. Favell in the Chair.

SYDENHAM SOCIETY.

Mr. H. Jackson laid before the members the prospectus of the Sydenham Society, now being established, and several members put down their names as subscribers.

SUDDEN DEATH.

Mr. J. H. Smith exhibited the stomach of a woman who had been ailing some time, and who had died very suddenly. It appeared that there was some suspicion that she had poisoned herself, her husband having gone into the infirmary to have a portion of the lower lip removed; and she had been heard to say that his going into the infirmary would kill her. The stomach presented nothing more than increased vascularity in the mucous membrane, which might be accounted for by her having, a very short time previously, taken some gin.

WOUND OF ABDOMEN.

Mr. H. Jackson exhibited a portion of the left rectus abdominis muscle, which had been perforated by a chisel while the man was endeavouring to fix a handle on; the opening had not made the slightest attempt at union, but was filled by a portion of omentum. There had been considerable hæmorrhage, both internally and externally, and a large quantity of fluid blood was found in the abdominal cavity; the intestines were glued together by the blood, but there was no appearance of inflammation, except in the sigmoid flexure of the colon, which was slightly adherent with lymph; the omentum had been penetrated and exhibited considerable extravasation; the intestines were not wounded. Several portions of lung, from the same subject, were exhibited, presenting the same appearances as have been described in Mr. Porter's case of grinder's asthma. The man was a table-blade grinder; he lived about eighty-eight hours after the accident.

Mr. H. Jackson also exhibited a portion of the superior maxilla, which he had removed, in consequence of a carcinomatous tumor, from the mouth of a woman in the infirmary.

FEVER WITH PERICARDITIS.

Dr. Branson then read a paper detailing six cases of fever occurring in one family. The patients were of the respective ages of six, four, eighteen, thirteen, fifteen, and nine. The first, a girl, aged six, died; her case was most interesting on account of its rarity, from the fact of it being simple idiopathic fever terminating* in pericarditis. Dr. Hope mentions no similar case, and Dr. Tweedie observes that "lesions of the heart are very rarely observed in fatal cases of fever." This was, undoubtedly, a case of pure pericarditis supervening upon an attack of fever; unfortunately, no post-mortem inspection was allowed. Without the aid of the stethoscope the affection of the heart would have been overlooked, as few of the more usual symptoms accompanying pericarditis were present. There was no violent lancinating pain shooting from the heart to the left shoulder and down to the elbow; no pain on pressing the præcordial region; no boun ing palpitation of the organ; no jerking, hard, and f pulse; no extended dulness on percussing the regi of the heart; no symptoms of obstructed circulatio

The only marked symptoms were the supine positi and a peculiarly anxious and indescribable expressi of countenance, indicating the commencement serious visceral mischief. The stethoscope at on revealed the mystery; percussion and the stethosco proved there was no pleuritic inflammation. Th absence of valvular murmurs showed that portion the circulatory system to be uninjured; and th disappearance of the rubbing sound, without leavi any trace of serous effusion into the pericardium indicated the case to be one of those to which th term "dry pericarditis" has been given—that is, wi effusion of lymph alone, corroborating Bouillaud axiom, "that the most simple pericarditis is precisel that in which pain is wholly absent, or, at *least, bu* slightly felt." In the treatment four leeches ha been applied after some consideration, and the littl patient exhibited immediately extreme exhaustion, blanched countenance, and feeble pulse. Relianc was then placed upon digitalis and rapid *mercurial* isation; and when the latter took effect the hea symptoms gradually and entirely disappeared, so tha for thirteen days previous to death no abnormal sound o irregularity in the circulatory system could be detected At the commencement of the heart affection *the prog*nosis was most unfavorable; but when it yielded t the remedies, hopes were entertained. The symptoms which immediately preceded dissolution—the sudden vomiting, the violent abdominal pain, collapsed features, diarrhœa, which ceased when the heart symptoms appeared, and recommenced when they disappeared, small rapid pulse—would seem to indicate that death ensued from intestinal perforation, and not from disease of the heart. From the inquiries made it appeared that this case must have been an *isolated* one of idiopathic fever; but there appears to have been a period when, notwithstanding the absence of typhoid symptoms, it had assumed a contagious character. The girl affected with the heart disease was ill from the 21st of Aug. to Sept. 25, when she died. Between Sept. 17 and 20, four of the others were attacked. It seems hardly likely that the latter cases and the first had the same morbific origin; but it would seem that the disease was communicated to the four on the same day, the latent period slightly varying. Had the first case assumed a typhoid character at the end of the third week, and the other cases followed within *ten* days, Dr. Branson would have dated the origin of the latter from the commencement of the typhoid symptoms in the former. In this case, though the symptoms usually denominated typhoid never appeared, a morbid change occurred, equally exhausting to nervous energy, and, most probably, equally adapted to the propagation of miasmata.

The variety in the local affections in the cases related was curious; the heart, brain, nerves, lungs, and bowels, being severally affected in the members of one family, deriving the disease from one common source, forming one exception to the general rule, as stated by Dr. Tweedie, "that when the febrile poison becomes so virulent that every person who has been exposed to its influence has been attacked with *fever,* the symptoms, in every individual who has received the infection (as if to show the agency of a specific poison), have been remarkably similar."

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* Is it not rather pericarditis occurring in the course of fever? It is not a termination of fever any more than pleurisy is a termination.

To decide the question as to when fever becomes contagious, a great accumulation of facts numerically arranged is required, by which only can a great advance towards checking the fatality of this disorder be made.

In the second case, a girl, aged four, the continued fits of screaming, the almost tetanic spasm of the muscles of the neck, and, at a later period, the contracted pupils and state of coma, seemed to justify an unfavorable prognosis; yet, recovery was as rapid as it was gratifying. From this case Dr. Branson is inclined to think that too much stress is laid upon the state of the pupil, and quoted an opinion expressed by Dr. H. Holland in his "Medical Notes and Reflections," a most valuable work, in support of this opinion.

ANATOMICAL SOCIETY OF EDINBURGH.

January 25, 1843.

TUBERCLES OF HEART.

Dr. Newbigging exhibited a drawing of the heart of a boy, aged thirteen, which contained in its substance several tubercles about the size of a marble. Some of them had become softened in their centre; the lungs, the mesenteric glands, and the peritoneum, were the seat of tubercles. The patient had been under treatment for glandular disease in the neck.

CARIES OF TEMPORAL BONE.

Dr. Peacock presented the skull of a boy, a small portion of which, in the left middle cerebral fossa, was corroded, and the temporal bone perforated, so as to produce an anormal communication with the internal ear. The patient, before death, was incapable of speaking, but expressed his wants by signs; during the four last days there had been profound coma. Several abscesses existed in the left hemisphere communicating with the carious portion of bone.

February 8, 1843.

FIBROUS MASSES IN HEART.

Dr. Peacock exhibited to the society a preparation of the heart, displaying two fibrinous masses, imbedded in the meshes of the musculi pectinati, at the apex of the right ventricle; they were about the size of filberts; and one contained a very distinct cyst in its interior. When recent, they were very distinguishable from the ordinary decolorised coagula, several of which were contained in the same cavity. The section of one gave exit to a small amount of pale yellowish fluid, resembling pus; this presented, under the microscope, the nucleated corpuscles characteristic of that fluid. The specimen was taken from the body of a female, twenty-three years of age, who died of pneumonia. From the action of the heart having been violent, though unattended with any anormal murmur, pericarditis had been suspected. After death the attached pericardium was found compressed, and redder than usual. Dr. Peacock regarded the case as one of endocarditis, leading to the exudation of coagulable lymph, inclosing true pus.

Dr. Bennett observed that the fluid which existed within the coagulum was probably not pus, but rather a macerated portion of fibrine, produced in the manner described by Mr. Gulliver. With respect to the corpuscles observed in it under the microscope, he remarked that it was difficult to separate those found in true pus: from those belonging to plastic lymph, without applying to them acetic acid, when they were readily distinguishable. This important test Dr. Peacock had not employed.

Dr. Spittal referred to a case of his, in which there had been vibration of the ventricles, with hypertrophy of the left. At the apex of the latter, adhering firmly to the endocardial surface, there existed a round fibrinous tumor, upwards of an inch and a half in its longest diameter, having a smooth, pale, yellowish, surface externally. This tumor contained a large quantity of a fluid, very like thin pus in its general characteristics, but it was not submitted to the microscope. The containing fibrinous walls were about one sixteenth of an inch thick, and flocculent internally. In the same situation, in the right ventricle, several smaller tumors, of a similar kind, were found among the musculi pectinati, all entire and round. Dr. Spittal considered these tumors to have been formed during the final progress of a lingering chronic catarrh, accompanied by much dyspnœa, and under which the patient, a woman about middle age, slowly sank. He was of opinion that the rounded masses in Dr. Peacock's case, as they were similar in character, had a like origin.

March 8, 1843.

ANEURYSM OF PULMONARY ARTERY WITHIN LUNG.

Dr. Peacock exhibited the section of a right lung, in which a branch of the pulmonary artery, about the size of a crow quill, was so dilated as to be capable of holding a small bean. The lining membrane of the artery was continuous with that of the dilatation or aneurysmal sac, which, with the artery attached, could be drawn out of the cavity in which they were lodged. No doubt could exist of the true aneurysmal character of the swelling. The cavity hollowed out in the parenchyma of the lung, containing the aneurysm, was of much larger size than the sac, and was filled with blood, which was also found in the neighbouring bronchi. Several other cavities existed in the upper lobes of both lungs, which contained pus. The patient, a man, twenty-nine years of age, died suddenly, after copious hæmoptysis, following symptoms of phthisis.

Dr. Peacock was of opinion that the formation of the sac was secondary to that of the cavity in which it lay, and resulted from loss of support to the walls of the vessel. He thought that the blood had escaped by rupture of the sac, but from the manner in which the section had been made this could not be demonstrated.

DILATED BRONCHI CONTAINING TUBERCULOUS MATTER.

Dr. Peacock exhibited a right lung, the bronchi of which were much dilated, and filled with tuberculous matter. The lung was of dense consistence, of a dark grey color in the upper lobes, and of a pale brown inferiorly; the lung was small in volume, covered by a dense fibro-cartilaginous false membrane; the right side of the chest was contracted, and a large cavity existed in the middle lateral region. The specimen was obtained from the body of a man who had labored under symptoms of acute disease of the right lung two months before his death. This had partially subsided, but had eventually terminated in phthisis.

PAROCHIAL MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In March, 1842, I addressed a letter to the surgeons of the London unions, who had called on me as the then President, and on the Vice-presidents of the Royal College of Surgeons, stating my views respecting the medical order of the poor-law commissioners of the 12th of that month, regulating the payments to be made to the medical officers of unions for *extraordinary* services, which letter you were pleased to publish. You also thought it right to make known a second letter I addressed to the same gentlemen on the subject of an arrangement I hoped I had made with the Secretary of State and the poor-law commissioners, with respect to certain fixed payments for the ordinary services of the medical officers of unions, and which I was led to apprehend would have formed a part of the amended bill about to be laid before Parliament.

The difficulties and alarm under which the country, and particularly the agricultural part of it, have been for some time laboring, will, I fear, prevent the accomplishment of this object, which is so much desired by the members of the medical profession, unless the sense of the House of Commons should be strongly expressed upon it. In order to obtain this it is necessary that a clear and accurate statement of the sufferings of the sick poor should be laid before it, and of the grievances which medical men sustain under the authority (but I am firmly convinced against the wishes) of the poor-law commissioners, which prevent their being able to give these unhappy persons that assistance which their state demands and deserves at the hands of their more fortunate neighbours.

Colonel Wood (Middlesex) has moved for such returns (and will move for more if necessary) as will enable him to bring this matter under the consideration of the House of Commons as soon as the amended bill shall be presented. To enable him to do this effectually, a statement must be furnished to him of all the sufferings and grievances above alluded to, and if the members of the medical profession who have suffered, and are suffering, or are aggrieved, shall be pleased to address their statements to me, I will prepare such digest of them as will enable him and the House of Commons to understand this subject.

I shall be careful, in attending to the different facts confided to me, not to mention either names or places, and those who may think fit to send them may rely on my discretion.

I shall be obliged by your giving insertion to this letter, and have the honor to be, Gentlemen,

Your very obedient Servant,

G. J. Guthrie.

4, Berkeley-street, Berkeley-square,
April 11, 1843.

APPOINTMENT OF CERTIFYING SURGEONS UNDER THE NEW FACTORY BILL.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I beg, through the medium of your Journal, to call the attention of those interested in the regulation of factories, and more especially of my professional brethren, to the clauses in the new bill relating to the appointment of *certifying surgeons*, as those clauses give great additional powers to the inspectors, as well as a large amount of patronage. And as this authority and patronage may be exercised in a manner alike prejudicial to the legitimate rights of the millowners and the just claims of the medical profession in all manufacturing towns and districts, I hope they will agree with me that it is desirable and necessary to protest against such clauses becoming the law of the land, and be determined, whilst the opportunity is now afforded by the delay in the progress of the bill through Parliament, to use their influence and exert themselves to the utmost to oppose this scheme of the interested and already too powerful inspectors, who would fain not only receive good pay for their services, but unreasonably endeavour to deprive medical men of their just rights and privileges. The introduction of these clauses is said to be founded on a report of the committee of the House of Commons, alleging, on the strength of certain one-sided evidence, given principally by inspectors and sub-inspectors themselves, that the great difficulty with regard to factory legislation "is," to quote the words of the report, "that presented by the intricacies in the way of ascertaining correctly the ages of children;" and which difficulty is increased, "first, from the ignorance of some who set up for surgical practitioners; and, secondly, the dishonesty or negligence of others (a very nice character to be given to us); and, thirdly, from the defective state of science itself in this particular. Therefore, your committee recommend that larger powers in this respect by statute be confided to those officers whose duty it is to watch over the operation of the law to regulate mills and factories. And they recommend that medical certificates should be granted only by surgeons especially appointed for that purpose by the inspector of the district."

On this report, then, I take it for granted the new bill is founded; indeed, Sir James Graham states such to be the case, and though it is said in that report "that only one witness objected to such a proposition," it by no means follows that the proper parties to be called as witnesses in such a matter would not have done so had the opportunity been afforded them; but it did not serve the object of the inspectors to allow medical men the opportunity of stating their own case, but all was done through the medium of the interested few, under the control of the inspectors, who were anxious, as much as possible, to keep the power in their own immaculate hands. And thus, from the stated ignorance or carelessness of a few, the whole profession is to be made to suffer.

It may be asked, what other method or system have you to propose? My answer is a simple one. To continue the power of *nominating* the certifying surgeons to the millowners as at present, as they have generally the expense to bear, and that those nominations should be laid before the magistrates in quarter sessions for confirmation, at the same time giving the inspector due notice of the nomination, so that if he had any valid objection to the individual named by the millowners, he could have the opportunity of stating them to the magistrates. It surely cannot be denied that the magistrates are more likely to act judiciously and much more impartially in making such appointments than the inspector, a comparative stranger to the merits and standing of the medical men residing in the locality, and who must necessarily be greatly influenced, if not altogether guided in his choice, by the recommendation of the sub-inspector of the district, often a medical man himself, and hence not a proper person to judge of the merits or qualifications of his professional brethren, or to act impartially and free from bias in his recommendations. Moreover, it is an anomaly in the principle of the new bill to delegate this power to irresponsible inspectors, whilst in other appointments the magistrates have the control—a control more likely to be used advantageously as regards certifying surgeons and the public generally, and free from less objection, than other appointments under the new bill, now causing such discussion.

It would be invidious to make comparisons in Leeds; but I will venture to assert that any appointments that have been made by the millowners, almost, I may say, in defiance of the inspectors (as they have all along been anxious to arrogate to themselves the sole power of appointment, though the *present* factory bill gives no such authority), are appointments that will bear comparison with any of those made by the inspectors themselves, or through the influence of the sub-inspector. With regard to what has been stated as to the desirability of limiting the number of certifying surgeons in order to produce greater uniformity, I see no such necessity, unless it is to lessen the trouble of the inspectors, who are not so *ill paid* as to render a little trouble an object; and surely one properly educated medical practitioner is as well qualified as another to certify as to the simple matter of the age of a child and its general fitness for factory labor. Errors may doubtless be committed in the most judicious hands, and there are cases on record where the inspectors and sub-inspectors have been as much deceived as the simplest and least experienced. At any rate, if the duty of certifying surgeon is not properly performed, the inspector has the power to interfere. In order to show that those most experienced in the office do not consider the duties cannot be equally well performed by others, I may state that when the oldest certifying surgeon in the town was applied to by the inspector to sanction the principle of limiting the number, he declined to do so, much to his credit, as he considered it would be establishing a monopoly injurious to the bulk of his professional brethren.

I cannot imagine, then, that either the medical profession or the millowners will tamely submit to allow such increased powers and patronage to be given to *any class of paid public officers*. What claims have they to it?—what jobbing may it not lead to?—what guarantee have the public or the profession that the appointment will be impartially and satisfactorily made? None whatever. But place the controlling power in the hands of a bench of *magistrates*, and the poor man's child would be protected, the millowner satisfied, the rights of the medical profession preserved, and jobbing and intrigue guarded against.

In conclusion, I propose that a memorial be presented to the Home-office, as numerously signed as possible by my professional brethren and others interested in the matter, stating the grounds on which we oppose the insertion of the clauses alluded to. Such a memorial I intend to have prepared without delay; for if the present opportunity escape it will be too late to interfere; and respectfully requesting your active co-operation and that of my medical friends,

I have the honor to be, Gentlemen,
Your obedient Servant,
J. Ingham Ikin.

Cookridge-street, Leeds,
April 3, 1843.

ELECTION OF MEDICAL OFFICERS TO PUBLIC INSTITUTIONS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The history of our profession, as connected with the election of medical officers to public hospitals, infirmaries, and dispensaries, has long exhibited much that is unsatisfactory and unpleasant to the profession at large, and much that is very degrading and, in many cases, very onerous to those members who are from time to time desirous to be appointed to such honorary situations in these institutions. It is natural and highly laudable for medical men to aspire to such offices; for, quite irrespective of any pecuniary advantage they may remotely derive from holding these situations (and, I believe, they are rated in this respect far above their ascertained value), they afford not only a field for the improvement of medical and surgical talents, which is a virtuous and praiseworthy ambition, but they also place the benevolently-minded man in a position for administering to and relieving the ailments of his poorer brethren, which is a noble and heaven-born gratification, but which otherwise could not be performed nor enjoyed by him.

It is, however, well known, that to obtain such honorary situations for the improvement of medical skill and the exercise of benevolence, neither the extent of education, the amount of talent, nor the standing in the profession will of themselves avail; nay, the preferable certificates and testimonials of teachers and of seniors in the profession will even profit but little. The candidate has to obtain the far more important requisites of the hotly-canvassed votes of trustees, governors, or subscribers—of men professedly ignorant of the science or art of medicine and surgery, and incapable of deciding upon the qualification of the lowest member of the profession. To these the candidate must pay his court, and sometimes in the most beseeching and humble manner, not to advocate his professional claims, for that would be misplaced, but to bear upon the mind of the suffragan with the more prevailing pleas of political, religious, commercial, or social connection, goodwill, and interest. To puzzle the mind of the aspirant for office, he or his friends will hear the highest respect paid to his character and talents, which may even be acknowledged to be superior to any of the other competitors, but this politeness is soon neutralised by—"I am sorry I have promised my vote long since, or must reserve it for the son of my old friend, or, may be, of a near connection of my wife, or for Mr. ——, who is strongly recommended by our minister, and much pressed upon me by our attorney."

To recount the numerous scenes of manœuvring and professional degradation that occur on these occasions would be little creditable to our dignity and self-respect; besides, they often entail a pecuniary expense which, even to the successful candidate, is anything but comfortable to his pocket, and forestalls many "an angel visit" of his future fees. It may be said, what there is of evil or degradation in all this is owing to the profession themselves. The public naturally concludes there must be in these contests something more valuable in the victory than they are simply led to suppose, else all this obsequious solicitation, all this canvassing of offices, counting-houses, shops, and drawing-rooms, these showers of circulars and cards, and all these coaches, cabs, and carriages at their command, would never take place.

Now, to undeceive the public in these respects, and to reinstate the profession in some of that dignity and independence which is due to a learned and scientific class of men, and which should ever be upheld, and also to ensure, on the occasions above mentioned, the best interests of the community, both rich and poor, I venture to suggest how all this unsatisfactory system of canvassing, vexation, error, and unseemly turmoil, may be entirely superseded.

It must be granted that medical men are the best judges of the talents and fitness of any of their brethren, with whom they have lived in the same town or locality, for professional situations; and though individuals may have their unfair partialities for one member in preference to another, I may venture to say, that as a body their decision would be the fairest and the truest that could be obtained. No one member would, moreover, say that his brethren, unbiassed by fear or affection, would give an unjust estimate of his professional character, or that he would dispute their verdict, on a simple appeal to their judgment and acquaintance. On this basis, which may be considered the best that can be obtained in this present condition of mind and matter, we would then ground the election of any candidate for a public honorary situation in our medical institutions; and I can see no reason nor impediment why the election to all such offices may not be virtually and effectually retained in the hands of the profession itself, without provoking any just cause of complaint or reclamation on the part of the lay officers or supporters of these institutions, however secretly opposed their interests and predilections may be. Let the profession only be true to itself, and the work is done. In the first place, let, in all cities, towns, and places, where there are public medical institutions, a register be kept, and yearly made up, of all resident qualified practitioners; and it is to be hoped the forthcoming Reform Bill will enforce this regulation, and so legalise the framework of our plan; the register to be kept by a secretary appointed duly by the resident practitioners, and, for the purpose of working the plan of an election when required, three or more scrutineers to be annually appointed, who may also watch over the register and any public interests of the members.

In the second place, when a medical office is created, or a vacancy takes place in a public institution, a notice of the same is to be sent by the secretary to each registered member, who, within an enclosed printed letter, stamped with a registry seal or mark, is to insert, without either his signature or initials the name of the gentleman he thinks most worthy or fitted for the situation in question at the blank left. This letter to be sealed and returned to the secretary, according to its printed address. These anonymous returns, on their delivery, are to be forthwith put into the till of a box, which is to be publicly to the members, if they please to attend, unlocked by the scrutineers, and the name of the gentleman having the greatest number of nominations to be declared the offering candidate for the situation. This the gentleman will do in his own name, and there being no other candidate in the field, the governors or subscribers will have no other alternative but to elect the chosen of the profession. If the name first on the scrutiny declines, and in many instances this will be the case, the gentleman next named the greater number of times will offer, if he pleases, and so on.

A decision of this kind must not only carry the highest recommendation to the governors and the public, but must be of the most flattering and honorable character to the selected individual. It would be superfluous to enter into the minor details of this plan; it is simple in itself, and is susceptible of every adaptation to all circumstances that may arise in the appointment of, at least, honorary medical officers to public institutions throughout the cities and towns of the provinces. The plan may, at first, be attended with some difficulty, and require some preparatory trouble to adapt it to the numerous and intermingled institutions of the metropolis, but sectional registries may be there also efficiently organised to make the scheme equally easy and serviceable.

The plan certainly requires the truthful adhesion of, at least, the majority of the respectable practitioners in any one locality; but when it is considered that the free and unbiassed opinion of the profession may thus be declared on the eligibility of any one of its members, and that without question, concussion, or solicitation, there appears to be no argument that would be avowed or supported to oppose its adoption. Political or sectarian favor, or the monopolising spirit of nepotism, may declare against the plan, when a young or monied *parvenu*, or an ambitious favorite of some *coterie* is in the field of expectancy, yet as the counteraction of these unjust powers and influences must be the abstract desire of every one in and out of the profession, the plan proposed promises to effect this desirable correction in the best manner, without any personal offence to such prejudices and power.

The adoption, then, of such a registry and such a quiet yet effectual *concours* would, in the opinion of the writer, tend greatly to rescue the members of the profession from that illegitimate and dependant position in which they now stand in relation to these affairs, and would save a host of degrading condescensions and much trouble and anxiety of mind to future candidates for medical offices, besides much pecuniary expense to them in many instances. Moreover, the plan would place not only the general body of the profession upon a more dignified footing in society, but it would at all times ensure the most efficient of its members for the service of the public; while at the same time this mode of election would confer the highest possible honor and gratification on the individual member so preferred and elected.

Yours respectfully,

MEDICUS.

March 23, 1843.

RETROSPECT OF THE MEDICAL SCIENCES.

USE OF NITRIC ACID IN HÆMORRHOIDS.

Dr. Houston has published an interesting communication in the March number of the "Dublin Journal of Medical Science," in which he points out the peculiar forms of hæmorrhoidal affections, to which he conceives the use of nitric acid as an escharotic is especially applicable. The external hæmorrhoid, an offset from the dilated veins about the lower part of the rectum and anus, admitting, during the early period of its existence, of the ready ingress and egress of blood from those vessels, and afterwards being found as a shut sac, lined with a fine serous membrane, analogous to that forming the inner coats of the veins, and containing a small clot of blood, or else consisting of permanent tumors of greater or less magnitude, and of complex cellular texture, which, by forming adhesions to the mucous membrane or skin, and bursting there under circumstances of congestion, and also by becoming occasionally the seat of acute inflammation, may produce all the inconveniences of a "fit of the piles," and must be regarded, as long as they continue to swell and bleed, as remaining in communication with the deeper varices from which they originally sprung, admits of removal by cutting instruments, although such operation may be attended with considerable and even profuse hæmorrhage, controllable, however, by the ligature, styptics, or actual cautery. Accordingly, excision or destruction with the red hot iron are unhesitatingly resorted to, whenever the inconveniences attendant on such affections require a radical removal for their cure.

The form of hæmorrhoidal tumor, for the relief of which Dr. Houston advises the application of nitric acid, is that state of the mucous membrane to which the term, vascular tumor, has been applied. He regards it as an affection of the mucous membrane and submucous tissue exclusively, having for its basis a knuckle or bunch of varicose veins, or else being a distinct and independent growth, the result of some other irritation in that region, but giving rise ultimately to the formation of a varicose condition of the diseased part. These tumors vary in size and number in different patients. They may be so numerous and so large as to cause, by their protrusion through the anus, a permanently widened state of that aperture, and an habitual prolapsus, not only of the diseased growth, but also of a portion of the bowel, or they may be very few in number, and very small in size. In the early period of the affection the tumors are so soft, compressible, and free from pain, as scarcely to be discoverable by the finger when introduced into the rectum, but when of long standing, and especially when they have been permitted to remain down for protracted periods at the water-closet, they acquire an increase of firmness and a tenderness which render them easily detectable by such manipulations, and give them a tangible and permanent character. The dragging and pressure to which they are subjected, in being pushed out and squeezed by the sphincter in defecation, likewise render them prominent, and give them often a pedunculated or polypus-like form. The surface of the tumor is either granulated like a strawberry, or of a villous aspect. It is of a red color, and when protruded from the anus, bleeds from every pore, the blood discharged being always of an arterial red color; if it has previously laid in the bowel for some time, it acquires a dark red color, and even a grumous character.

There are two varieties of organic lesion known under the name of vascular tumor—the one called "erectile," from its supposed resemblance to congenital affections of this class; the other, a congested, hypertrophied, and tender state of the membrane, the result of irritative or inflammatory action. The first form, which may be regarded as a sort of aneurism by anastomosis of the small vessels of the mucous membrane and submucous tissue exclusively, differs from ordinary nœvi in not being necessarily congenital, but resembles them too much in its persistent tendency to increase in growth. It may be independent, from the first, of varices of the general veins about the anus. The second variety is of a chronic inflammatory nature, and may be best described by comparing it to the red, villous, tender, hæmorrhagic surface exhibited by the mucous membrane of the eyelids, in old cases of chronic conjunctivitis. The destruction of the morbid growth is the only means of relief for both these varieties, as they neither have any disposition or power to undergo a spontaneous cure; and this Dr. Houston proposes to effect by the methodic application of nitric acid, instead of having recourse to the knife or ligature, the use of which, in very many cases, is neither necessary nor safe.

The properties of pure nitric acid, as an escharotic, point it out, in theory, as an agent fitted to take the place of these over severe remedies, in cases where a superficial destruction of the part to be removed is all that is required; and the application of it to practice has fully proved its efficiency as a substitute. This acid, at the density of 1,500, destroys on the instant the vitality of the part to which it is applied, by the production of a chemical decomposition of its solid and fluid elements. The depth of the slough, which is to follow, may be regulated in some degree by the quantity of acid laid on the part; and its extent, laterally, may be limited by instantly smearing the whole over with olive oil, which neutralises its further corrosive powers, by combining and forming with it a new, but no longer escharotic, compound. The separation of the slough, after the nitric acid, leaves a healthy suppurating surface, which contracts and heals over very quickly, the tender, tumid, bleeding surface being removed with little pain and no danger, while, by the cicatrisation and consequent bracing up of the general mucous membrane which follow the removal of the relaxed and diseased part, the other varices are supported and reduced in bulk, and ulcers, or even fissures, are healed. The resumption of the natural action of the bowels, and the general improvement in health which follow the application of the acid to a single vascular hæmorrhoid, even where several are left behind, show an improvement in the state of the rectum generally, greater than could be supposed to arise from the simple abstraction of one from among the number. The relief, too, which the

bowel gains by the removal of such a source of local irritation contributes, no doubt, in a prominent degree, to the production of the same good results.

The application of the acid may be made in the following manner:—Let the patient strain, as at the night-chair, so as to bring the tumors fully into view; and while they are so down, let him either lean over the back of a chair, or lie down in the bent posture on the side on which the disease exists, with the buttocks over the edge of the bed. The finger must not be passed into the rectum before the operation, as it will so compress the tumors as to diminish their bulk, and prevent the necessary steps being taken. When the patient is so placed, let a piece of wood, cut into the shape of a dressing-case spatula, be dipped into the acid, and then, with as much of the acid adhering to it as it will carry without dripping, let it be rubbed on the tumor to the extent desired, its effect being shown by the part being changed to a greyish-white color. One or more applications of the acid are needed, according to the depth of the slough required, after which the whole is to be smeared with olive oil. The prolapsed parts should then be pushed back within the sphincter, the patient put to bed, and an opiate administered. The pain is at first sharp and burning, but goes off in two or three hours, and does not return again in the same form. A general uneasiness about the anus on motion, together with a slight sense of heat, fulness, and throbbing, are felt for a few days, and there may be some slight feverishness. The symptoms following the application are usually so mild as not absolutely to require confinement to bed for more than a few hours, although, for many reasons, such confinement may often be desirable. On the third or fourth day a purgative draught should be administered, when the bowels will be found to yield to the medicine, generally without either pain or prolapsus of the rectum. The progress after this to healing is rapid, and free from any disagreeable symptoms.

This highly interesting and graphic communication is illustrated by cases.

STRUMOUS PERITONITIS.

The March number of the "Dublin Journal of Medical Science" contains communications from Sir Henry Marsh and Dr. Fleetwood Churchill, on a form of peritonitis occurring in persons of a strumous diathesis, to which the above title has been given.* Strumous inflammation of the peritoneum with effusion may present itself either as an acute or chronic disease; the latter, which is the more frequent form, may be an evident consequence of the former, or it may occur without our being able to recognise any preceding acute stage, coming on so gradually, in fact, that the nature of the complaint may not be discovered until it is fully developed. As M. Dugès observes, "there may be occasional pains, colics, irregular attacks of diarrhœa, emaciation, paleness, for weeks or even months before the disease is established, while from the earlier and more prominent symptoms being referable to the mucous membrane of the intestinal canal, the real affection may be overlooked, and the fatal results attributed to the diarrhœa.

Bad diet, cold, privations, excesses, dentition, constipation, &c., have been mentioned as exciting causes of this variety of peritonitis; but the principal one, in Dr. Churchill's opinion, is an extension of irritation from the intestinal mucous membrane. It also occurs as one of the sequelæ of febrile diseases, such as scarlatina, measles, &c. Sir H. Marsh observes, that it frequently arises without the intervention of any well-marked exciting cause, and sometimes sets in either gradually or abruptly, during the progress of some other disease. The age most obnoxious to its supervention is between early childhood and puberty, and for a few years after that period; it is rarely met with in infancy or after the age of thirty. It is almost confined to children of a strumous habit and lymphatic temperament; and it is frequently complicated with, and is perhaps a consequence of, mesenteric disease.

The symptoms of the acute form are, wandering pains in the abdomen, increased on pressure, and gradually becoming more severe, with hot and dry skin, scanty, high-colored urine, small and very frequent pulse, and extreme distress and anxiety, rapidly followed by effusion into the cavity of the peritoneum. In the chronic variety the mode of invasion varies widely; in one class of cases the patient labors under diarrhœa for a considerable time with or without pain; the appetite is pretty good, the temperature natural, and the pulse quiet; but at length—it may be weeks or months—complaints are made of a sensation of pricking, or of paroxysms of pain and a feeling of tightness in the abdomen, which, upon examination, is found to be more or less swollen. In other cases there is a certain amount of pain from the beginning, occurring in paroxysms with perfect intervals, and though at first limited to one part of the abdomen, yet by degrees spreading over and occupying the whole; or again, there may not be any complaint of pain, merely a feeling of distension, with variable appetite, irregular bowels, and progressive emaciation. In many cases, indeed, the early symptoms are so slight that no attention is paid to them until the emaciated appearance of the patient excites alarm. The abdomen, on examination, is probably found tumid, and in some degree tender in parts. Dr. Gregory states that tenderness on pressure is probably felt from the commencement. As the disease advances, the patient complains of pain occurring in paroxysms, beginning in some one part of the abdomen, and gradually spreading over the entire, and increasing in frequency and in severity according to the duration of the disease. This state is accompanied by a certain amount of tenderness on pressure, and more or less uneasiness in walking or even standing erect. This is followed by a feeling of distension and enlargement of the abdomen, with fluctuation more or less evident on careful percussion. The enlargement of the abdomen is not always equable; in some cases, especially in the commencement, the umbilical region protrudes. As the effusion increases, the entire abdomen enlarges, loses its softness, and becomes tense and hard, though occasionally unequally so, and its integuments hot and dry. In some rare cases the intestinal canal preserves its integrity for a long time; the tongue is pretty clean, the appetite much as usual, the bowels regular, or perhaps rather constipated; but in the large majority of cases we find the tongue white, loaded, and flabby; more or less thirst; the appetite irregular and fastidious, sometimes increased, more frequently impaired or lost altogether; the bowels relaxed or constipated, perhaps alternately; the stools fœtid, and of whitey-brown or blueish color. The quantity passed sometimes in the twenty-four hours, without the aid of medicine, is enormous. Dyspnœa may be induced either by the quantity of the abdominal effusion or by accompanying hydrothorax; the pulse is increased in frequency, but diminished in strength and fulness; the urine is scanty, the skin hot, and there are distinct evening exacerbations of a fever of the hectic character. It is hardly necessary to add that so formidable and long-continued a disease is attended with great emaciation and exhaustion. As it progresses, the local symptoms are aggravated; the quick pulse and fever, with exacerbations, more remarkable; the weakness and incapability of exertion more extensive; the patient, in short, is utterly worn out.

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* This is the disease well known to the French pathologists under the name of *tubercular* peritonitis, and which led Dr. Hennis Green to give the name of *tubercular* meningitis to the analogous affection of the brain in children.—Eds.

The course of the disease is generally very long; it may terminate, first, in resolution, secondly, in a circumscribed collection of the effused fluid and its final evacuation with more or less subsidence of the original affection, and, thirdly, in death. The majority of the cases terminate fatally at different intervals from the commencement of the attack. Instead of diminishing, the symptoms progressively increase in intensity. The abdomen becomes very tense and tender, the fever high, the pulse very quick and feeble, the thirst considerable, the diarrhœa persistent, the exacerbations severe, the emaciation and exhaustion extreme. The countenance becomes sunken, the extremities cold, the surface covered with a clammy sweat, and occasionally dotted with petechiæ, and at length, after a prolonged period of suffering, death closes the scene. The appearances presented after death are, more or less severe effusion into the peritoneal cavity, with shreds of lymph floating therein. The intestines are agglutinated together, and sometimes to the peritoneum, which membrane is occasionally thickened and partially injected, and sometimes studded with miliary tubercles, or has tubercular matter deposited on it. The mesenteric glands may be healthy, or they may be enlarged, and contain tubercular matter. In two of Sir H. Marsh's cases there were collections of a thin pus mixed with curdy matter, one of these in one case communicating with the bowel by an ulcerated perforation, and containing a dark-brown fluid, having a very evident feculent odor. Dr. Gregory observes that the mucous membrane of the bowels, particularly of the small intestines, appears ulcerated in various places, and at these points of ulceration the convolutions of the intestines communicate, so that instead of forming one line of canal, as they will continue to do even in advanced stages of chronic peritonitis, they constitute a mass of tubes communicating freely with each other, and with the thickened and ulcerated peritoneal membrane by innumerable openings.

The prognosis in the majority of cases is unfavorable. Where the peritoneum alone is affected, the patient has certainly a chance of recovery; but if the mesenteric glands, or the mucous membrane of the intestines or pleura be involved, the case will probably terminate unfavorably.

The treatment should consist in the application of leeches to the abdomen, when admissible, poppy fomentations, the use of the warm bath, and the employment of mercury so as to affect the gums. It may be exhibited internally or by inunction; in many cases the latter is preferable, as, when diarrhœa occurs, the bowels are too irritable. A scruple of mercurial ointment should be gently rubbed in over the abdomen, thighs, legs, back, &c., until the gums are touched. Flying blisters to the abdomen are also useful. The diet must be bland and unstimulating.

FIBROUS POLYPUS OF THE UTERUS.

A woman, about forty years of age, pale and exsanguine, was admitted into La Charité under the care of M. Velpeau, having labored under uterine hæmorrhage for four or five years, sometimes to a great extent, at other times more moderately. On examination M. Velpeau discovered the existence of a fibrous polypus springing from the uterus, of such a size that he could not reach the pedicle with his finger. The great state of exhaustion and anœmia of the patient, and the constant hæmorrhage induced the surgeon to decide on the speedy performance of an operation as the sole chance of saving life, previous to which, however, he drew the attention of the pupils to the case, stating that it could only be mistaken for a cancerous tumor or inversion of the uterus. It would be difficult to make a mistake in a case of cancer, on account of the difference of consistence, the ulceration, and the fœtid discharge, symptoms which would serve to indicate the carcinomatous character of the disease. Inversion of the uterus, however, offers several points of resemblance with fibrous polypi; the anatomical appearance and consistence is the same in both cases, and both give rise to hæmorrhage; but in the present instance M. Velpeau stated that this could not be a case of inversion, for the woman had never borne children, and although instances of virgins afflicted with inversion are on record, he doubted the truth of the statements. Besides, an inverted uterus is never of so large a size, and when pressed on with the nail pain is experienced, while the tumor in this case was indolent, and unequal in shape, with prominences just like fibrous polypi; the neck of the uterus could not be reached, whilst in inversion that can be easily effected.

Having decided that the case was one of polypus, and not of inversion of the womb, the operation of excision was performed, the tumor being drawn down by long and painful tractions; when it was brought externally to the parts of generation, it had a very long cylindrical pedicle, continuous with the adjacent tissues, but the relative position of the womb could not be ascertained. Velpeau divided what he thought was the pedicle, and then finding there followed some sanguineous discharge, fearing hæmorrhage, he plugged the vagina. The unfortunate sufferer died two days afterwards from peritonitis.

The tumor that had been removed was of a pyriform shape, and about the size of an adult's fist; it was a fibrous substance of a pearly lustre, evidently developed in the tissue of the uterus, and covered with a very thin layer of the uterine parenchyma. At the autopsy Velpeau showed the pupils the cylin-

SHEFFIELD MEDICAL SOCIETY.

March 23, 1843.

Dr. Favell in the Chair.

SYDENHAM SOCIETY.

Mr. H. Jackson laid before the members the prospectus of the Sydenham Society, now being established, and several members put down their names as subscribers.

SUDDEN DEATH.

Mr. J. H. Smith exhibited the stomach of a woman who had been ailing some time, and who had died very suddenly. It appeared that there was some suspicion that she had poisoned herself, her husband having gone into the infirmary to have a portion of the lower lip removed; and she had been heard to say that his going into the infirmary would kill her. The stomach presented nothing more than increased vascularity in the mucous membrane, which might be accounted for by her having, a very short time previously, taken some gin.

WOUND OF ABDOMEN.

Mr. H. Jackson exhibited a portion of the left rectus abdominis muscle, which had been perforated by a chisel while the man was endeavouring to fix a handle on; the opening had not made the slightest attempt at union, but was filled by a portion of omentum. There had been considerable hæmorrhage, both internally and externally, and a large quantity of fluid blood was found in the abdominal cavity; the intestines were glued together by the blood, but there was no appearance of inflammation, except in the sigmoid flexure of the colon, which was slightly adherent with lymph; the omentum had been penetrated and exhibited considerable extravasation; the intestines were not wounded. Several portions of lung, from the same subject, were exhibited, presenting the same appearances as have been described in Mr. Porter's case of grinder's asthma. The man was a table-blade grinder; he lived about eighty-eight hours after the accident.

Mr. H. Jackson also exhibited a portion of the superior maxilla, which he had removed, in consequence of a carcinomatous tumor, from the mouth of a woman in the infirmary.

FEVER WITH PERICARDITIS.

Dr. Branson then read a paper detailing six cases of fever occurring in one family. The patients were of the respective ages of six, four, eighteen, thirteen, fifteen, and nine. The first, a girl, aged six, died; her case was most interesting on account of its rarity, from the fact of it being simple idiopathic fever terminating* in pericarditis. Dr. Hope mentions no similar case, and Dr. Tweedie observes that "lesions of the heart are very rarely observed in fatal cases of fever." This was, undoubtedly, a case of pure pericarditis supervening upon an attack of fever; unfortunately, no post-mortem inspection was allowed. Without the aid of the stethoscope the affection of the heart would have been overlooked, as few of the more usual symptoms accompanying pericarditis were present. There was no violent lancinating pain shooting from the heart to the left shoulder and down to the elbow; no pain on pressing the præcordial region; no bounding palpitation of the organ; no jerking, hard, and full pulse; no extended dulness on percussing the region of the heart; no symptoms of obstructed circulation.

The only marked symptoms were the supine position and a peculiarly anxious and indescribable expression of countenance, indicating the commencement of serious visceral mischief. The stethoscope at once revealed the mystery; percussion and the stethoscope proved there was no pleuritic inflammation. The absence of valvular murmurs showed that portion of the circulatory system to be uninjured; and the disappearance of the rubbing sound, without leaving any trace of serous effusion into the pericardium, indicated the case to be one of those to which the term "dry pericarditis" has been given—that is, with effusion of lymph alone, corroborating Bouillaud's axiom, "that the most simple pericarditis is precisely that in which pain is wholly absent, or, at least, but slightly felt." In the treatment four leeches had been applied after some consideration, and the little patient exhibited immediately extreme exhaustion, a blanched countenance, and feeble pulse. Reliance was then placed upon digitalis and rapid mercurialisation; and when the latter took effect the heart symptoms gradually and entirely disappeared, so that for thirteen days previous to death no abnormal sound or irregularity in the circulatory system could be detected. At the commencement of the heart affection the prognosis was most unfavorable; but when it yielded to the remedies, hopes were entertained. The symptoms which immediately preceded dissolution—the sudden vomiting, the violent abdominal pain, collapsed features, diarrhœa, which ceased when the heart symptoms appeared, and recommenced when they disappeared, small rapid pulse—would seem to indicate that death ensued from intestinal perforation, and not from disease of the heart. From the inquiries made it appeared that this case must have been an isolated one of idiopathic fever; but there appears to have been a period when, notwithstanding the absence of typhoid symptoms, it had assumed a contagious character. The girl affected with the heart disease was ill from the 21st of Aug. to Sept. 25, when she died. Between Sept. 17 and 20, four of the others were attacked. It seems hardly likely that the latter cases and the first had the same morbific origin; but it would seem that the disease was communicated to the four on the same day, the latent period slightly varying. Had the first case assumed a typhoid character at the end of the third week, and the other cases followed within ten days, Dr. Branson would have dated the origin of the latter from the commencement of the typhoid symptoms in the former. In this case, though the symptoms usually denominated typhoid never appeared, a morbid change occurred, equally exhausting to nervous energy, and, most probably, equally adapted to the propagation of miasmata.

The variety in the local affections in the cases related was curious; the heart, brain, nerves, lungs, and bowels, being severally affected in the members of one family, deriving the disease from one common source, forming one exception to the general rule, as stated by Dr. Tweedie, "that when the febrile poison becomes so virulent that every person who has been exposed to its influence has been attacked with fever, the symptoms, in every individual who has received the infection (as if to show the agency of a specific poison), have been remarkably similar."

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* Is it not rather pericarditis occurring in the course of fever? It is not a termination of fever any more than pleurisy is a termination.

To decide the question as to when fever becomes contagious, a great accumulation of facts numerically arranged is required, by which only can a great advance towards checking the fatality of this disorder be made.

In the second case, a girl, aged four, the continued fits of screaming, the almost tetanic spasm of the muscles of the neck, and, at a later period, the contracted pupils and state of coma, seemed to justify an unfavorable prognosis; yet, recovery was as rapid as it was gratifying. From this case Dr. Branson is inclined to think that too much stress is laid upon the state of the pupil, and quoted an opinion expressed by Dr. H. Holland in his "Medical Notes and Reflections," a most valuable work, in support of this opinion.

ANATOMICAL SOCIETY OF EDINBURGH.

January 25, 1843.

TUBERCLES OF HEART.

Dr. Newbigging exhibited a drawing of the heart of a boy, aged thirteen, which contained in its substance several tubercles about the size of a marble. Some of them had become softened in their centre; the lungs, the mesenteric glands, and the peritoneum, were the seat of tubercles. The patient had been under treatment for glandular disease in the neck.

CARIES OF TEMPORAL BONE.

Dr. Peacock presented the skull of a boy, a small portion of which, in the left middle cerebral fossa, was corroded, and the temporal bone perforated, so as to produce an anormal communication with the internal ear. The patient, before death, was incapable of speaking, but expressed his wants by signs; during the four last days there had been profound coma. Several abscesses existed in the left hemisphere communicating with the carious portion of bone.

February 8, 1843.

FIBROUS MASSES IN HEART.

Dr. Peacock exhibited to the society a preparation of the heart, displaying two fibrinous masses, imbedded in the meshes of the musculi pectinati, at the apex of the right ventricle; they were about the size of filberts; and one contained a very distinct cyst in its interior. When recent, they were very distinguishable from the ordinary decolorised coagula, several of which were contained in the same cavity. The section of one gave exit to a small amount of pale yellowish fluid, resembling pus; this presented, under the microscope, the nucleated corpuscles characteristic of that fluid. The specimen was taken from the body of a female, twenty-three years of age, who died of pneumonia. From the action of the heart having been violent, though unattended with any anormal murmur, pericarditis had been suspected. After death the attached pericardium was found compressed, and redder than usual. Dr. Peacock regarded the case as one of endocarditis, leading to the exudation of coagulable lymph, inclosing true pus.

Dr. Bennett observed that the fluid which existed within the coagulum was probably not pus, but rather a macerated portion of fibrine, produced in the manner described by Mr. Gulliver. With respect to the corpuscles observed in it under the microscope, he remarked that it was difficult to separate those found in true pus from those belonging to plastic lymph, without applying to them acetic acid, when they were readily distinguishable. This important test Dr. Peacock had not employed.

Dr. Spittal referred to a case of his, in which there had been vibration of the ventricles, with hypertrophy of the left. At the apex of the latter, adhering firmly to the endocardial surface, there existed a round fibrinous tumor, upwards of an inch and a half in its longest diameter, having a smooth, pale, yellowish, surface externally. This tumor contained a large quantity of a fluid, very like thin pus in its general characteristics, but it was not submitted to the microscope. The containing fibrinous walls were about one sixteenth of an inch thick, and flocculent internally. In the same situation, in the right ventricle, several smaller tumors, of a similar kind, were found among the musculi pectinati, all entire and round. Dr. Spittal considered these tumors to have been formed during the final progress of a lingering chronic catarrh, accompanied by much dyspnœa, and under which the patient, a woman about middle age, slowly sank. He was of opinion that the rounded masses in Dr. Peacock's case, as they were similar in character, had a like origin.

March 8, 1843.

ANEURYSM OF PULMONARY ARTERY WITHIN LUNG.

Dr. Peacock exhibited the section of a right lung, in which a branch of the pulmonary artery, about the size of a crow quill, was so dilated as to be capable of holding a small bean. The lining membrane of the artery was continuous with that of the dilatation or aneurysmal sac, which, with the artery attached, could be drawn out of the cavity in which they were lodged. No doubt could exist of the true aneurysmal character of the swelling. The cavity hollowed out in the parenchyma of the lung, containing the aneurysm, was of much larger size than the sac, and was filled with blood, which was also found in the neighbouring bronchi. Several other cavities existed in the upper lobes of both lungs, which contained pus. The patient, a man, twenty-nine years of age, died suddenly, after copious hæmoptysis, following symptoms of phthisis.

Dr. Peacock was of opinion that the formation of the sac was secondary to that of the cavity in which it lay, and resulted from loss of support to the walls of the vessel. He thought that the blood had escaped by rupture of the sac, but from the manner in which the section had been made this could not be demonstrated.

DILATED BRONCHI CONTAINING TUBERCULOUS MATTER.

Dr. Peacock exhibited a right lung, the bronchi of which were much dilated, and filled with tuberculous matter. The lung was of dense consistence, of a dark grey color in the upper lobes, and of a pale brown inferiorly; the lung was small in volume, covered by a dense fibro-cartilaginous false membrane; the right side of the chest was contracted, and a large cavity existed in the middle lateral region. The specimen was obtained from the body of a man who had labored under symptoms of acute disease of the right lung two months before his death. This had partially subsided, but had eventually terminated in phthisis.

PAROCHIAL MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In March, 1842, I addressed a letter to the surgeons of the London unions, who had called on me as the then President, and on the Vice-presidents of the Royal College of Surgeons, stating my views respecting the medical order of the poor-law commissioners of the 12th of that month, regulating the payments to be made to the medical officers of unions for *extraordinary* services, which letter you were pleased to publish. You also thought it right to make known a second letter I addressed to the same gentlemen on the subject of an arrangement I hoped I had made with the Secretary of State and the poor-law commissioners, with respect to certain fixed payments for the ordinary services of the medical officers of unions, and which I was led to apprehend would have formed a part of the amended bill about to be laid before Parliament.

The difficulties and alarm under which the country, and particularly the agricultural part of it, have been for some time laboring, will, I fear, prevent the accomplishment of this object, which is so much desired by the members of the medical profession, unless the sense of the House of Commons should be strongly expressed upon it. In order to obtain this it is necessary that a clear and accurate statement of the sufferings of the sick poor should be laid before it, and of the grievances which medical men sustain under the authority (but I am firmly convinced against the wishes) of the poor-law commissioners, which prevent their being able to give these unhappy persons that assistance which their state demands and deserves at the hands of their more fortunate neighbours.

Colonel Wood (Middlesex) has moved for such returns (and will move for more if necessary) as will enable him to bring this matter under the consideration of the House of Commons as soon as the amended bill shall be presented. To enable him to do this effectually, a statement must be furnished to him of all the sufferings and grievances above alluded to, and if the members of the medical profession who have suffered, and are suffering, or are aggrieved, shall be pleased to address their statements to me, I will prepare such digest of them as will enable him and the House of Commons to understand this subject.

I shall be careful, in attending to the different facts confided to me, not to mention either names or places, and those who may think fit to send them may rely on my discretion.

I shall be obliged by your giving insertion to this letter, and have the honor to be, Gentlemen,

Your very obedient Servant,

G. J. Guthrie.

4, Berkeley-street, Berkeley-square,
April 11, 1843.

APPOINTMENT OF CERTIFYING SURGEONS UNDER THE NEW FACTORY BILL.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I beg, through the medium of your Journal, to call the attention of those interested in the regulation of factories, and more especially of my professional brethren, to the clauses in the new bill relating to the appointment of *certifying surgeons*, as those clauses give great additional powers to the inspectors, as well as a large amount of patronage. And as this authority and patronage may be exercised in a manner alike prejudicial to the legitimate rights of the millowners and the just claims of the medical profession in all manufacturing towns and districts, I hope they will agree with me that it is desirable and necessary to protest against such clauses becoming the law of the land, and be determined, whilst the opportunity is now afforded by the delay in the progress of the bill through Parliament, to use their influence and exert themselves to the utmost to oppose this scheme of the interested and already too powerful inspectors, who would fain not only receive good pay for their services, but unreasonably endeavour to deprive medical men of their just rights and privileges. The introduction of these clauses is said to be founded on a report of the committee of the House of Commons, alleging, on the strength of certain one-sided evidence, given principally by inspectors and sub-inspectors themselves, that the great difficulty with regard to factory legislation "is," to quote the words of the report, "that presented by the intricacies in the way of ascertaining correctly the ages of children;" and which difficulty is increased, "first, from the ignorance of some who set up for surgical practitioners; and, secondly, the dishonesty or negligence of others (a very nice character to be given to us); and, thirdly, from the defective state of science itself in this particular. Therefore, your committee recommend that larger powers in this respect by statute be confided to those officers whose duty it is to watch over the operation of the law to regulate mills and factories. And they recommend that medical certificates should be granted only by surgeons especially appointed for that purpose by the inspector of the district."

On this report, then, I take it for granted the new bill is founded; indeed, Sir James Graham states such to be the case, and though it is said in that report "that only one witness objected to such a proposition," it by no means follows that the proper parties to be called as witnesses in such a matter would not have done so had the opportunity been afforded them; but it did not serve the object of the inspectors to allow medical men the opportunity of stating their own case, but all was done through the medium of the interested few, under the control of the inspectors, who were anxious, as much as possible, to keep the power in their own immaculate hands. And thus, from the stated ignorance or carelessness of a few, the whole profession is to be made to suffer.

It may be asked, what other method or system have you to propose? My answer is a simple one. To continue the power of *nominating* the certifying surgeons to the millowners as at present, as they have generally the expense to bear, and that those nominations should be laid before the magistrates in quarter sessions for confirmation, at the same time giving the inspector due notice of the nomination, so that if he had any valid objection to the individual named by the millowners, he could have the opportunity of stating them to the magistrates. It surely cannot be denied that the magistrates are more likely to act judiciously and much more impartially in making such appointments than the inspector, a comparative stranger to the merits and standing of the medical men residing in the locality, and who must necessarily be greatly influenced, if not altogether guided in his choice, by the recommendation of the sub-inspector of the district, often a medical man himself, and hence not a proper person to judge of the merits or qualifications of his professional brethren, or to act impartially and free from bias in his recommendations. Moreover, it is an anomaly in the principle of the new bill to delegate this power to irresponsible inspectors, whilst in other appointments the magistrates have the control—a control more likely to be used advantageously as regards certifying surgeons and the public generally, and free from less objection, than other appointments under the new bill, now causing such discussion.

It would be invidious to make comparisons in Leeds; but I will venture to assert that any appointments that have been made by the millowners, almost, I may say, in defiance of the inspectors (as they have all along been anxious to arrogate to themselves the sole power of appointment, though the *present* factory bill gives no such authority), are appointments that will bear comparison with any of those made by the inspectors themselves, or through the influence of the sub-inspector. With regard to what has been stated as to the desirability of limiting the number of certifying surgeons in order to produce greater uniformity, I see no such necessity, unless it is to lessen the trouble of the inspectors, who are not so *ill paid* as to render a little trouble an object; and surely one properly educated medical practitioner is as well qualified as another to certify as to the simple matter of the age of a child and its general fitness for factory labor. Errors may doubtless be committed in the most judicious hands, and there are cases on record where the inspectors and sub-inspectors have been as much deceived as the simplest and least experienced. At any rate, if the duty of certifying surgeon is not properly performed, the inspector has the power to interfere. In order to show that those most experienced in the office do not consider the duties cannot be equally well performed by others, I may state that when the oldest certifying surgeon in the town was applied to by the inspector to sanction the principle of limiting the number, he declined to do so, much to his credit, as he considered it would be establishing a monopoly injurious to the bulk of his professional brethren.

I cannot imagine, then, that either the medical profession or the millowners will tamely submit to allow such increased powers and patronage to be given to *any class of paid public officers*. What claims have they to it?—what jobbing may it not lead to?—what guarantee have the public or the profession that the appointment will be impartially and satisfactorily made? None whatever. But place the controlling power in the hands of a bench of *magistrates*, and the poor man's child would be protected, the millowner satisfied, the rights of the medical profession preserved, and jobbing and intrigue guarded against.

In conclusion, I propose that a memorial be presented to the Home-office, as numerously signed as possible by my professional brethren and others interested in the matter, stating the grounds on which we oppose the insertion of the clauses alluded to. Such a memorial I intend to have prepared without delay; for if the present opportunity escape it will be too late to interfere; and respectfully requesting your active co-operation and that of my medical friends,

I have the honor to be, Gentlemen,
Your obedient Servant,
J. INGHAM IKIN.

Cookridge-street, Leeds,
April 3, 1843.

ELECTION OF MEDICAL OFFICERS TO PUBLIC INSTITUTIONS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The history of our profession, as connected with the election of medical officers to public hospitals, infirmaries, and dispensaries, has long exhibited much that is unsatisfactory and unpleasant to the profession at large, and much that is very degrading and, in many cases, very onerous to those members who are from time to time desirous to be appointed to such honorary situations in these institutions. It is natural and highly laudable for medical men to aspire to such offices; for, quite irrespective of any pecuniary advantage they may remotely derive from holding these situations (and, I believe, they are rated in this respect far above their ascertained value), they afford not only a field for the improvement of medical and surgical talents, which is a virtuous and praiseworthy ambition, but they also place the benevolently-minded man in a position for administering to and relieving the ailments of his poorer brethren, which is a noble and heaven-born gratification, but which otherwise could not be performed nor enjoyed by him.

It is, however, well known, that to obtain such honorary situations for the improvement of medical skill and the exercise of benevolence, neither the extent of education, the amount of talent, nor the standing in the profession will of themselves avail; nay, the preferable certificates and testimonials of teachers and of seniors in the profession will even profit but little. The candidate has to obtain the far more important requisites of the hotly-canvassed votes of trustees, governors, or subscribers—of men professedly ignorant of the science or art of medicine and surgery, and incapable of deciding upon the qualification of the lowest member of the profession. To these the candidate must pay his court, and sometimes in the most beseeching and humble manner, not to advocate his professional claims, for that would be misplaced, but to bear upon the mind of the suffragan with the more prevailing pleas of political, religious, commercial, or social connection, goodwill, and interest. To puzzle the mind of the aspirant for office, he or his friends will hear the highest respect paid to his character and talents, which may even be acknowledged to be superior to any of the other competitors, but this politeness is soon neutralised by—"I am sorry I have promised my vote long since, or must reserve it for the son of my old friend, or, may be, of a near connection of my wife, or for Mr. ——, who is strongly recommended by our minister, and much pressed upon me by our attorney."

To recount the numerous scenes of manœuvring and professional degradation that occur on these occasions would be little creditable to our dignity and self-respect; besides, they often entail a pecuniary expense which, even to the successful candidate, is anything but comfortable to his pocket, and forestalls many "an angel visit" of his future fees. It may be said, what there is of evil or degradation in all this is owing to the profession themselves. The public naturally concludes there must be in these contests something more valuable in the victory than they are simply led to suppose, else all this obsequious solicitation, all this canvassing of offices, counting-houses, shops, and drawing-rooms, these showers of circulars and cards, and all these coaches, cabs, and carriages at their command, would never take place.

Now, to undeceive the public in these respects, and to reinstate the profession in some of that dignity and independence which is due to a learned and scientific class of men, and which should ever be upheld, and also to ensure, on the occasions above mentioned, the best interests of the community, both rich and poor, I venture to suggest how all this unsatisfactory system of canvassing, vexation, error, and unseemly turmoil, may be entirely superseded.

It must be granted that medical men are the best judges of the talents and fitness of any of their brethren, with whom they have lived in the same town or locality, for professional situations; and though individuals may have their unfair partialities for one member in preference to another, I may venture to say, that as a body their decision would be the fairest and the truest that could be obtained. No one member would, moreover, say that his brethren, unbiassed by fear or affection, would give an unjust estimate of his professional character, or that he would dispute their verdict, on a simple appeal to their judgment and acquaintance. On this basis, which may be considered the best that can be obtained in this present condition of mind and matter, we would then ground the election of any candidate for a public honorary situation in our medical institutions; and I can see no reason nor impediment why the election to all such offices may not be virtually and effectually retained in the hands of the profession itself, without provoking any just cause of complaint or reclamation on the part of the lay officers or supporters of these institutions, however secretly opposed their interests and predilections may be. Let the profession only be true to itself, and the work is done. In the first place, let, in all cities, towns, and places, where there are public medical institutions, a register be kept, and yearly made up, of all resident qualified practitioners; and it is to be hoped the forthcoming Reform Bill will enforce this regulation, and so legalise the framework of our plan; the register to be kept by a secretary appointed duly by the resident practitioners, and, for the purpose of working the plan of an election when required, three or more scrutineers to be annually appointed, who may also watch over the register and any public interests of the members.

In the second place, when a medical office is created, or a vacancy takes place in a public institution, a notice of the same is to be sent by the secretary to each registered member, who, within an enclosed printed letter, stamped with a registry seal or mark, is to insert, without either his signature or initials the name of the gentleman he thinks most worthy or fitted for the situation in question at the blank left. This letter to be sealed and returned to the secretary, according to its printed address. These anonymous returns, on their delivery, are to be forthwith put into the till of a box, which is to be publicly to the members, if they please to attend, unlocked by the scrutineers, and the name of the gentleman having the greatest number of nominations to be declared the offering candidate for the situation. This the gentleman will do in his own name, and there being no other candidate in the field, the governors or subscribers will have no other alternative but to elect the chosen of the profession. If the name first on the scrutiny declines, and in many instances this will be the case, the gentleman next named the greater number of times will offer, if he pleases, and so on.

A decision of this kind must not only carry the highest recommendation to the governors and the public, but must be of the most flattering and honorable character to the selected individual. It would be superfluous to enter into the minor details of this plan; it is simple in itself, and is susceptible of every adaptation to all circumstances that may arise in the appointment of, at least, honorary medical officers to public institutions throughout the cities and towns of the provinces. The plan may, at first, be attended with some difficulty, and require some preparatory trouble to adapt it to the numerous and intermingled institutions of the metropolis, but sectional registries may be there also efficiently organised to make the scheme equally easy and serviceable.

The plan certainly requires the truthful adhesion of, at least, the majority of the respectable practitioners in any one locality; but when it is considered that the free and unbiassed opinion of the profession may thus be declared on the eligibility of any one of its members, and that without question, concussion, or solicitation, there appears to be no argument that would be avowed or supported to oppose its adoption. Political or sectarian favor, or the monopolising spirit of nepotism, may declare against the plan, when a young or monied *parvenu*, or an ambitious favorite of some *coterie* is in the field of expectancy, yet as the counteraction of these unjust powers and influences must be the abstract desire of every one in and out of the profession, the plan proposed promises to effect this desirable correction in the best manner, without any personal offence to such prejudices and power.

The adoption, then, of such a registry and such a quiet yet effectual *concours* would, in the opinion of the writer, tend greatly to rescue the members of the profession from that illegitimate and dependant position in which they now stand in relation to these affairs, and would save a host of degrading condescensions and much trouble and anxiety of mind to future candidates for medical offices, besides much pecuniary expense to them in many instances. Moreover, the plan would place not only the general body of the profession upon a more dignified footing in society, but it would at all times ensure the most efficient of its members for the service of the public; while at the same time this mode of election would confer the highest possible honor and gratification on the individual member so preferred and elected.

Yours respectfully,

MEDICUS.

March 23, 1843.

RETROSPECT OF THE MEDICAL SCIENCES.

USE OF NITRIC ACID IN HÆMORRHOIDS.

Dr. Houston has published an interesting communication in the March number of the "Dublin Journal of Medical Science," in which he points out the peculiar forms of hæmorrhoidal affections, to which he conceives the use of nitric acid as an escharotic is especially applicable. The external hæmorrhoid, an offset from the dilated veins about the lower part of the rectum and anus, admitting, during the early period of its existence, of the ready ingress and egress of blood from those vessels, and afterwards being found as a shut sac, lined with a fine serous membrane, analogous to that forming the inner coats of the veins, and containing a small clot of blood, or else consisting of permanent tumors of greater or less magnitude, and of complex cellular texture, which, by forming adhesions to the mucous membrane or skin, and bursting there under circumstances of congestion, and also by becoming occasionally the seat of acute inflammation, may produce all the inconveniences of a "fit of the piles," and must be regarded, as long as they continue to swell and bleed, as remaining in communication with the deeper varices from which they originally sprung, admits of removal by cutting instruments, although such operation may be attended with considerable and even profuse hæmorrhage, controllable, however, by the ligature, styptics, or actual cautery. Accordingly, excision or destruction with the red hot iron are unhesitatingly resorted to, whenever the inconveniences attendant on such affections require a radical removal for their cure.

The form of hæmorrhoidal tumor, for the relief of which Dr. Houston advises the application of nitric acid, is that state of the mucous membrane to which the term, vascular tumor, has been applied. He regards it as an affection of the mucous membrane and submucous tissue exclusively, having for its basis a knuckle or bunch of varicose veins, or else being a distinct and independent growth, the result of some other irritation in that region, but giving rise ultimately to the formation of a varicose condition of the diseased part. These tumors vary in size and number in different patients. They may be so numerous and so large as to cause, by their protrusion through the anus, a permanently widened state of that aperture, and an habitual prolapsus, not only of the diseased growth, but also of a portion of the bowel, or they may be very few in number, and very small in size. In the early period of the affection the tumors are so soft, compressible, and free from pain, as scarcely to be discoverable by the finger when introduced into the rectum, but when of long standing, and especially when they have been permitted to remain down for protracted periods at the water-closet, they acquire an increase of firmness and a tenderness which render them easily detectable by such manipulations, and give them a tangible and permanent character. The dragging and pressure to which they are subjected, in being pushed out and squeezed by the sphincter in defecation, likewise render them prominent, and give them often a pedunculated or polypus-like form. The surface of the tumor is either granulated like a strawberry, or of a villous aspect. It is of a red color, and when protruded from the anus, bleeds from every pore, the blood discharged being always of an arterial red color; if it has previously laid in the bowel for some time, it acquires a dark red color, and even a grumous character.

There are two varieties of organic lesion known under the name of vascular tumor—the one called "erectile," from its supposed resemblance to congenital affections of this class; the other, a congested, hypertrophied, and tender state of the membrane, the result of irritative or inflammatory action. The first form, which may be regarded as a sort of aneurism by anastomosis of the small vessels of the mucous membrane and submucous tissue exclusively, differs from ordinary nœvi in not being necessarily congenital, but resembles them too much in its persistent tendency to increase in growth. It may be independent, from the first, of varices of the general veins about the anus. The second variety is of a chronic inflammatory nature, and may be best described by comparing it to the red, villous, tender, hæmorrhagic surface exhibited by the mucous membrane of the eyelids, in old cases of chronic conjunctivitis. The destruction of the morbid growth is the only means of relief for both these varieties, as they neither have any disposition or power to undergo a spontaneous cure; and this Dr. Houston proposes to effect by the methodic application of nitric acid, instead of having recourse to the knife or ligature, the use of which, in very many cases, is neither necessary nor safe.

The properties of pure nitric acid, as an escharotic, point it out, in theory, as an agent fitted to take the place of these over severe remedies, in cases where a superficial destruction of the part to be removed is all that is required; and the application of it to practice has fully proved its efficiency as a substitute. This acid, at the density of 1,500, destroys on the instant the vitality of the part to which it is applied, by the production of a chemical decomposition of its solid and fluid elements. The depth of the slough, which is to follow, may be regulated in some degree by the quantity of acid laid on the part; and its extent, laterally, may be limited by instantly smearing the whole over with olive oil, which neutralises its further corrosive powers, by combining and forming with it a new, but no longer escharotic, compound. The separation of the slough, after the nitric acid, leaves a healthy suppurating surface, which contracts and heals over very quickly, the tender, tumid, bleeding surface being removed with little pain and no danger, while, by the cicatrisation and consequent bracing up of the general mucous membrane which follow the removal of the relaxed and diseased part, the other varices are supported and reduced in bulk, and ulcers, or even fissures, are healed. The resumption of the natural action of the bowels, and the general improvement in health which follow the application of the acid to a single vascular hæmorrhoid, even where several are left behind, show an improvement in the state of the rectum generally, greater than could be supposed to arise from the simple abstraction of one from among the number. The relief, too, which the

bowel gains by the removal of such a source of local irritation contributes, no doubt, in a prominent degree, to the production of the same good results.

The application of the acid may be made in the following manner:—Let the patient strain, as at the night-chair, so as to bring the tumors fully into view; and while they are so down, let him either lean over the back of a chair, or lie down in the bent posture on the side on which the disease exists, with the buttocks over the edge of the bed. The finger must not be passed into the rectum before the operation, as it will so compress the tumors as to diminish their bulk, and prevent the necessary steps being taken. When the patient is so placed, let a piece of wood, cut into the shape of a dressing-case spatula, be dipped into the acid, and then, with as much of the acid adhering to it as it will carry without dripping, let it be rubbed on the tumor to the extent desired, its effect being shown by the part being changed to a greyish-white color. One or more applications of the acid are needed, according to the depth of the slough required, after which the whole is to be smeared with olive oil. The prolapsed parts should then be pushed back within the sphincter, the patient put to bed, and an opiate administered. The pain is at first sharp and burning, but goes off in two or three hours, and does not return again in the same form. A general uneasiness about the anus on motion, together with a slight sense of heat, fulness, and throbbing, are felt for a few days, and there may be some slight feverishness. The symptoms following the application are usually so mild as not absolutely to require confinement to bed for more than a few hours, although, for many reasons, such confinement may often be desirable. On the third or fourth day a purgative draught should be administered, when the bowels will be found to yield to the medicine, generally without either pain or prolapsus of the rectum. The progress after this to healing is rapid, and free from any disagreeable symptoms.

This highly interesting and graphic communication is illustrated by cases.

STRUMOUS PERITONITIS.

The March number of the "Dublin Journal of Medical Science" contains communications from Sir Henry Marsh and Dr. Fleetwood Churchill, on a form of peritonitis occurring in persons of a strumous diathesis, to which the above title has been given.* Strumous inflammation of the peritoneum with effusion may present itself either as an acute or chronic disease; the latter, which is the more frequent form, may be an evident consequence of the former, or it may occur without our being able to recognise any preceding acute stage, coming on so gradually, in fact, that the nature of the complaint may not be discovered until it is fully developed. As M. Dugès observes, "there may be occasional pains, colics, irregular attacks of diarrhœa, emaciation, paleness, for weeks or even months before the disease is established, while from the earlier and more prominent symptoms being referable to the mucous membrane of the intestinal canal, the real affection may be overlooked, and the fatal results attributed to the diarrhœa.

Bad diet, cold, privations, excesses, dentition, constipation, &c., have been mentioned as exciting causes of this variety of peritonitis; but the principal one, in Dr. Churchill's opinion, is an extension of irritation from the intestinal mucous membrane. It also occurs as one of the sequelæ of febrile diseases, such as scarlatina, measles, &c. Sir H. Marsh observes, that it frequently arises without the intervention of any well-marked exciting cause, and sometimes sets in either gradually or abruptly, during the progress of some other disease. The age most obnoxious to its supervention is between early childhood and puberty, and for a few years after that period; it is rarely met with in infancy or after the age of thirty. It is almost confined to children of a strumous habit and lymphatic temperament; and it is frequently complicated with, and is perhaps a consequence of, mesenteric disease.

The symptoms of the acute form are, wandering pains in the abdomen, increased on pressure, and gradually becoming more severe, with hot and dry skin, scanty, high-colored urine, small and very frequent pulse, and extreme distress and anxiety, rapidly followed by effusion into the cavity of the peritoneum. In the chronic variety the mode of invasion varies widely; in one class of cases the patient labors under diarrhœa for a considerable time with or without pain; the appetite is pretty good, the temperature natural, and the pulse quiet; but at length—it may be weeks or months—complaints are made of a sensation of pricking, or of paroxysms of pain and a feeling of tightness in the abdomen, which, upon examination, is found to be more or less swollen. In other cases there is a certain amount of pain from the beginning, occurring in paroxysms with perfect intervals, and though at first limited to one part of the abdomen, yet by degrees spreading over and occupying the whole; or again, there may not be any complaint of pain, merely a feeling of distension, with variable appetite, irregular bowels, and progressive emaciation. In many cases, indeed, the early symptoms are so slight that no attention is paid to them until the emaciated appearance of the patient excites alarm. The abdomen, on examination, is probably found tumid, and in some degree tender in parts. Dr. Gregory states that tenderness on pressure is probably felt from the commencement. As the disease advances, the patient complains of pain occurring in paroxysms, beginning in some one part of the abdomen, and gradually spreading over the entire, and increasing in frequency and in severity according to the duration of the disease. This state is accompanied by a certain amount of tenderness on pressure, and more or less uneasiness in walking or even standing erect. This is followed by a feeling of distension and enlargement of the abdomen, with fluctuation more or less evident on careful percussion. The enlargement of the abdomen is not always equable; in some cases, especially in the commencement, the umbilical region protrudes. As the effusion increases, the entire abdomen enlarges, loses its softness, and becomes tense and hard, though occasionally unequally so, and its integuments hot and dry. In some rare cases the intestinal canal preserves its integrity for a long time; the tongue is pretty clean, the appetite much as usual, the bowels regular, or perhaps rather constipated; but in the large majority of cases we find the tongue white, loaded, and flabby; more or less thirst; the appetite irregular and fastidious, sometimes increased, more frequently impaired or lost altogether; the bowels relaxed or constipated, perhaps alternately; the stools fœtid, and of whitey-brown or blueish color. The quantity passed sometimes in the twenty-four hours, without the aid of medicine, is enormous. Dyspnœa may be induced either by the quantity of the abdominal effusion or by accompanying hydrothorax; the pulse is increased in frequency, but diminished in strength and fulness; the urine is scanty, the skin hot, and there are distinct evening exacerbations of a fever of the hectic character. It is hardly necessary to add that so formidable and long-continued a disease is attended with great emaciation and exhaustion. As it progresses, the local symptoms are aggravated; the quick pulse and fever, with exacerbations, more remarkable; the weakness and incapability of exertion more extensive; the patient, in short, is utterly worn out.

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* This is the disease well known to the French pathologists under the name of *tubercular* peritonitis, and which led Dr. Hennis Green to give the name of *tubercular* meningitis to the analogous affection of the brain in children.—Eds.

The course of the disease is generally very long; it may terminate, first, in resolution, secondly, in a circumscribed collection of the effused fluid and its final evacuation with more or less subsidence of the original affection, and, thirdly, in death. The majority of the cases terminate fatally at different intervals from the commencement of the attack. Instead of diminishing, the symptoms progressively increase in intensity. The abdomen becomes very tense and tender, the fever high, the pulse very quick and feeble, the thirst considerable, the diarrhœa persistent, the exacerbations severe, the emaciation and exhaustion extreme. The countenance becomes sunken, the extremities cold, the surface covered with a clammy sweat, and occasionally dotted with petechiæ, and at length, after a prolonged period of suffering, death closes the scene. The appearances presented after death are, more or less severe effusion into the peritoneal cavity, with shreds of lymph floating therein. The intestines are agglutinated together, and sometimes to the peritoneum, which membrane is occasionally thickened and partially injected, and sometimes studded with miliary tubercles, or has tubercular matter deposited on it. The mesenteric glands may be healthy, or they may be enlarged, and contain tubercular matter. In two of Sir H. Marsh's cases there were collections of a thin pus mixed with curdy matter, one of these in one case communicating with the bowel by an ulcerated perforation, and containing a dark-brown fluid, having a very evident feculent odor. Dr. Gregory observes that the mucous membrane of the bowels, particularly of the small intestines, appears ulcerated in various places, and at these points of ulceration the convolutions of the intestines communicate, so that instead of forming one line of canal, as they will continue to do even in advanced stages of chronic peritonitis, they constitute a mass of tubes communicating freely with each other, and with the thickened and ulcerated peritoneal membrane by innumerable openings.

The prognosis in the majority of cases is unfavorable. Where the peritoneum alone is affected, the patient has certainly a chance of recovery; but if the mesenteric glands, or the mucous membrane of the intestines or pleura be involved, the case will probably terminate unfavorably.

The treatment should consist in the application of leeches to the abdomen, when admissible, poppy fomentations, the use of the warm bath, and the employment of mercury so as to affect the gums. It may be exhibited internally or by inunction; in many cases the latter is preferable, as, when diarrhœa occurs, the bowels are too irritable. A scruple of mercurial ointment should be gently rubbed in over the abdomen, thighs, legs, back, &c., until the gums are touched. Flying blisters to the abdomen are also useful. The diet must be bland and unstimulating.

FIBROUS POLYPUS OF THE UTERUS.

A woman, about forty years of age, pale and exsanguine, was admitted into La Charité under the care of M. Velpeau, having labored under uterine hæmorrhage for four or five years, sometimes to a great extent, at other times more moderately. On examination M. Velpeau discovered the existence of a fibrous polypus springing from the uterus, of such a size that he could not reach the pedicle with his finger. The great state of exhaustion and anæmia of the patient, and the constant hæmorrhage induced the surgeon to decide on the speedy performance of an operation as the sole chance of saving life, previous to which, however, he drew the attention of the pupils to the case, stating that it could only be mistaken for a cancerous tumor or inversion of the uterus. It would be difficult to make a mistake in a case of cancer, on account of the difference of consistence, the ulceration, and the fœtid discharge, symptoms which would serve to indicate the carcinomatous character of the disease. Inversion of the uterus, however, offers several points of resemblance with fibrous polypi; the anatomical appearance and consistence is the same in both cases, and both give rise to hæmorrhage; but in the present instance M. Velpeau stated that this could not be a case of inversion, for the woman had never borne children, and although instances of virgins afflicted with inversion are on record, he doubted the truth of the statements. Besides, an inverted uterus is never of so large a size, and when pressed on with the nail pain is experienced, while the tumor in this case was indolent, and unequal in shape, with prominences just like fibrous polypi; the neck of the uterus could not be reached, whilst in inversion that can be easily effected.

Having decided that the case was one of polypus, and not of inversion of the womb, the operation of excision was performed, the tumor being drawn down by long and painful tractions; when it was brought externally to the parts of generation, it had a very long cylindrical pedicle, continuous with the adjacent tissues, but the relative position of the womb could not be ascertained. Velpeau divided what he thought was the pedicle, and then finding there followed some sanguineous discharge, fearing hæmorrhage, he plugged the vagina. The unfortunate sufferer died two days afterwards from peritonitis.

The tumor that had been removed was of a pyriform shape, and about the size of an adult's fist; it was a fibrous substance of a pearly lustre, evidently developed in the tissue of the uterus, and covered with a very thin layer of the uterine parenchyma. At the autopsy Velpeau showed the pupils the cylinder which came away with the polypus, and which bore some resemblance to the hypertrophied cervix uteri, but a careful examination showed that the ovaries and round ligaments were contained in a species of funnel, composed of the inverted body of the womb.—*Journ. des Connais. Med. Chir.*, March, 1843.

IODINE INJECTIONS IN HYDARTHROSIS.

M. Bonnet, of Lyons, has published in the " Bullétin Générale de Thérapeutique," an account of his practice with iodine in the treatment of hydarthrosis, &c. He had recourse to the iodine injections for the first time in the month of March, 1841, when he had under his care a case of hydarthrosis of the knee, rebellious to all the ordinary modes of treatment. Encouraged by the success he then obtained, he has since repeated the operation in other cases, altogether about ten times before the end of the year. The iodine injections into the knee-joint are made as in hydrocele; the leg is extended upon the thigh, and the puncture in the synovial membrane is made in that part which is above the patella, either on its outer or inner surface. The trocar is pushed in about three-fourths of an inch at least, and stopped only when its point has reached the anterior surface of the femur. Before the puncture is made, the skin is folded up, the base of the fold being the part punctured, so as to prevent the air getting into the joint. As soon as the trocar is removed, a viscid transparent liquid comes away through the canula, of which M. Bonnet allows to be evacuated a quantity equal to that of the liquid he purposes injecting. He is careful also to keep the canula raised up, so that it may be always full of liquid, and thus prevent the admission of air. The injection which M. Bonnet uses consists of two scruples of iodine, four of the ioduret of potassium, and sixteen of water.

The immediate results of iodine injections into the knee-joint being an acute inflammation, it is requisite to take every precaution to prevent its becoming suppurative. The position is very important. In one case the reaction was so great, M. Bonnet was obliged to plunge the trocar again into the joint to evacuate the large quantity of serum that had been effused. The patient was cured however.

Iodine injections have been used in scrofulous abscess of the knee-joint, only when there were present symptoms indicative of a reactive power in the constitution. The treatment was generally of two or three months' duration, and even then a cure has not always been positively effected, only a great diminution of the disease.

DELIRIUM TREMENS.

M. Sharn has tried, with the greatest benefit, preparations of ammonia in the treatment of delirium tremens.

SUPPRESSION OF QUACKERY.

The French Chamber of Peers has passed a law ordaining that, in future, no patents shall be granted for secret remedies or for pharmaceutical preparations.

PROMOTIONS AND APPOINTMENTS.

War-office, April 7, 1843.

St. Helena Regiment—Staff-surgeon of second class, John Wardrop Moore, to be surgeon, vice Michael Fogarty, who retires upon half-pay.

ORDNANCE DEPARTMENT.

Surgeons to be Senior Surgeons—Thos. Mac Millan Fogo, M.D., James Stewart, John Wallon Halohan, M.D., James Verling, M.D., and Alexander Ogilvie, M.D.

To be Surgeon—Assistant-surgeon Charles Dempsey.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, April 7, 1843.

J. B. Ashford, V. Webb, G. Moseley, C. L. Allwork, A. Heeley, S. Barnett, J. Simons, C. Barrett, M. S. Todd, M. J. Tayler, F. Wildbore, J. Baber.

BOOKS RECEIVED.

The Spleen a Permanent Placenta; the Placenta a Temporary Spleen. By John Jackson. London: Highley, 1843. 8vo. pp. 32.

Guy's Hospital Reports. Second Series. No. 1, April, 1843. London: Highley, 1843. 8vo. pp. 364. —[This is an enlarged and valuable number of this excellent journal.]

Report of the Trial of Daniel M'Naughton for the Murder of E. Drummond, Esq. By R. M. Bousfield, Student-at-Law, and Richard Merrett, Shorthand-writer. London: Renshaw, 1843. 8vo. pp. 78.

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TO CORRESPONDENTS.

R. H. J.—The *sonde airigne* is not to be procured in London, but it may be easily obtained by any London instrument maker, from M. Charriere, of Paris.

Sidmouth.—We shall feel obliged for a continuation of the meteorological reports.

The communications of *Mr. Allison*, *Dr. Dyke*, and others, have been received.

We have been compelled to omit, from want of room, the letter of *Mr. Parsley* on the ill-treatment of union medical officers, and the communication of *Mr. Ford* on assurance office fees.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS TO DR. HENNIS GREEN, 58, MARGARET STREET,
CAVENDISH SQUARE, LONDON.

Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by Henry Renshaw at his residence, No. 356, Strand.—Saturday, April 15, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 134.] LONDON, SATURDAY, APRIL 22, 1843. [PRICE SIXPENCE.
[Stamped Edition Sevenpence.

CLINICAL LECTURES

DELIVERED AT

UNIVERSITY COLLEGE HOSPITAL.

By JOHN TAYLOR, M.D.,
Professor of Clinical Medicine and Physician to the Hospital.

LECTURE I.

Hemiplegia without coma—Second attack permanent—The first recovered from—Premonitory symptoms of paralysis—Paralysis with or without coma—Importance of this distinction—Symptoms distinguishing hæmorrhage from other diseases of the brain—Effect of age in producing ramolissement and consequent paralysis—Diagnosis in this case—Symptoms of softening—Causes—Treatment—Head symptoms relieved—Paralysis unaffected—Prognosis why unfavorable in this case.

Lydia Wells, aged forty-five, admitted on Tuesday, February 7, a married woman, unemployed, of ordinary conformation, lymphatic temperament, and pale complexion; her habits are temperate, and she has resided in a dry and healthy situation; has had fifteen children, and miscarried in her last four confinements. Neither of her parents are living, but she does not know of what diseases they died, nor is she aware of any hereditary predisposition existing in her family. Considers herself to be generally strong and healthy, and states that, with the exception of hooping-cough, from which she suffered when a child, she does not remember ever having had any other ailment until five years ago, when she became the subject of an attack of paralysis affecting the right arm and leg. Her mouth, she says, was drawn to the right side, but she did not lose her consciousness. She was not bled, but partially recovered under the use of medicines, not regaining the use of her limbs until the following summer, and the right leg has continued weaker than the left ever since.

The paralytic attack came on one morning as she was lighting the fire, when she suddenly fell down from loss of power in the right leg; she did not lose the use of the right arm until the following day. Her husband says that she never lost the power of the arm completely, and that in about a week she recovered from the attack. She does not remember having had any numbness or headache previously, nor was her memory at all affected. She suffered about eight months ago from a severe attack of inflammation of the bowels, which confined her to bed for three weeks, and subsided under the use of medicine and blisters. She has also had several slight attacks of rheumatism.

Present Attack.—For a fortnight previous to the present attack she had suffered considerable pain in the head; according to her husband's account, for a month or more previously, also, had had twitching movements of the toes for two months. The present attack commenced on the Saturday fortnight previous to her admission. About eight o'clock in the evening, whilst sitting by the fire, she suddenly slipped from her chair, and would have fallen to the ground had not her husband caught her, who states that during the night he observed her left leg to be slightly convulsed. She herself describes both arm and leg to have been thus affected. She complained of coldness in both the arm and leg, and her mouth was drawn upwards, and to the right side when she smiled. She did not know her arm was paralysed until the following morning, when she attempted to raise a cup to her mouth. Her husband dressed her and led her to the fire; whilst sitting there she found she could not put her left foot upon the fender without raising it with her right arm. Never lost her consciousness from the commencement of the attack; does not remember whether she had experienced any numbness in either of her limbs; her speech has not been at all affected, but her memory is so much impaired that she cannot give any satisfactory account of herself. Her left leg has been drawn up within the last week, and the flexion of the knee discovers some degree of rigidity, so that although the leg may be extended, yet not without giving her considerable pain. The forearm is in the same way flexed upon the arm; she has been confined to her bed since the first day of the attack. Her husband says she has occasionally talked irrationally since the fit. Neither local nor general depletion has yet been employed.

Present Symptoms.—The temperature of the surface is natural; the paralysed limbs by the thermometer are about the same temperature as the limbs of the unaffected side; she has an anxious expression of countenance, owing to pain and soreness of the tongue and mouth, from the quantity of mercury she has taken; left cheek flattened and elongated; pupils somewhat but equally dilated; the memory is greatly impaired; does not sleep well; dozes and wakes up in a fright; the knee is rigidly bent; it causes pain to extend it, and the fingers are clenched; sensation of the paralysed limbs unimpaired; complains of pain in the head, especially at the back part; left side of face flattened and elongated; deficient also in expression; mouth drawn to the right side very distinctly when she smiles; strong mercurial fœtor of the breath; bowels have not been opened since last Saturday; specific gravity of the urine 1030, and throws down a large deposit of the phosphates; has always menstruated regularly. Cupping to the back of the neck to eight ounces; house medicine immediately, and to be repeated if necessary.

February 8. No heat of head or headache, the pain having been relieved by the cupping; bowels were opened yesterday, and also this morning; impulse of the heart rather abrupt, not materially increased; in other respects much the same as yesterday.

9. Much the same. Continue remedies.

10. No headache or giddiness; cannot sleep; sees

well; pupils not large; mouth still drawn to the right side; neither the taste nor hearing affected; pulse 108, and small; has forgotten that she had taken her medicine this morning.

Hydriodate of potash, three grains;
Mixture of camphor, an ounce and a half. Three times a-day.
Cupping behind the ears to eight ounces.

13. The left leg was slightly convulsed yesterday evening; complains much of pain in the knee; does not sleep well; no pain or giddiness in the head; pulse 108, and small; feels low spirited at times. Venesection to eight or ten ounces.

15. No buffy coat on the blood from the venesection; no headache or giddiness; complains to-day of greater coldness and numbness in the left leg. Increase the dose of hydriodate of potash to four grains.

17. Somewhat less rigidity of the arm and leg; pulse 112, small, firm, and frequent; urine, specific gravity, 1022, containing a slight excess of lithate of ammonia and urea, and a large excess of the phosphates.

20. Much the same; the mouth still continues sore.

22. No headache; still does not sleep well; wanders in the night; pulse 120; skin rather hot than otherwise. Increase dose of hydriodate of potash to six grains.

23. Discharged at her own request, being somewhat relieved.

CLINICAL REMARKS.

Symptoms and Diagnosis.—According to the history, this was a case of paralysis without coma. It appears that she was first attacked about five years ago; whilst lighting the fire she fell down suddenly, but the seizure was not accompanied by loss of consciousness. She recovered from this attack in a week, regaining the use of her leg very slowly, and it has since remained weak. She was seized with another similar attack about a fortnight before her admission. She was sitting by the fire when the attack came on, and was obliged to be carried to bed by her husband. During the attack the left leg and arm were convulsed. At the time of her admission there was well-marked paralysis of the left side; the mouth was drawn towards the right or healthy side, as is usual in hemiplegia, and the tongue inclined slightly to the left or paralysed side. The temperature of both sides of the body appeared to be the same when covered alike. Her memory was very bad; she forgot that she had taken her medicine one morning, when it was seen to be administered to her by other patients in the same ward. Another circumstance of importance to remark is, that the knee and elbow joints were rigidly contracted. Now, the first point to be considered was the cause of the paralysis. Paralysis arises from various diseases of the brain; and in examining cases of paralysis and disease of the brain, the absence or presence of coma is of great importance in diagnosis, and, for practical purposes, these cases may be divided into two classes, one with, the other without, sudden coma.

In the first class the person *becomes insensible*, perhaps falls down suddenly, and during this state of coma there is found complete loss of power of the paralysed parts, or, as happens in other cases, the paralysis makes its appearance as the coma goes off. In the second class the patient falls down *without losing his consciousness*, but finds he has lost the use of one side. This will guide us in distinguishing the particular kind of disease of the brain which gives rise to paralysis. *Sudden coma* with paralysis very commonly arises from hæmorrhage into the substance or on the surface of the brain, but still not necessarily so, for it is true that there are exceptions, but this is the most usual consequence of hæmorrhage. The converse of this, however, is much more correct. Absence of sudden coma generally shows that there is no hæmorrhage, although Andral relates one case in which sudden hemiplegia came on without loss of consciousness, and after death a coagulum the size of a filbert was found in the optic thalamus. We can easily conceive that if the effusion whether of blood or serum takes place slowly, the brain may accommodate itself to the changes, and coma therefore not be produced. But hæmorrhage may occur in one kind of case, and the resulting paralysis be unaccompanied by coma. In cases of softening of the brain effusion of blood may take place in the centre of the softened part without the production of coma; the softened part appears to make room for the clot, and thus the paralysis takes place without the production of coma —a fact which I have observed in numerous instances. With this exception, *the absence of sudden coma shows the absence of sudden and considerable hæmorrhage.* But the most usual cause of *paralysis without coma* is inflammation, either unaccompanied by changes or with some of its effects—e. g., effusion of lymph, serum, or pus, or softening of the substance of the brain; it may arise, also, from tumors or other growths, especially when inducing inflammation of the surrounding parts. But the most common cause of this kind of paralysis is softening, the result of inflammation.

Another cause of paralysis without coma, is softening of the substance of the brain from *age*, which appears to arise from defective nutrition owing to the structural changes which the arteries have undergone, and thus a state of the brain is induced resembling gangrene. In this case the cause was most probably inflammation. The age of the patient (forty-five years) was too early for those structural changes in the arteries which give rise to paralysis. Again, the attack was preceded for about a month previous by headache and convulsive twitches of the limb, and there had been a previous attack from which she had recovered, which would not have been likely to have occurred if there had been structural disease to any amount. It may be urged against the supposition that it was inflammatory, that she recovered without venesection; but we know that inflammation of an organ, as of the lungs, will sometimes get well without bleeding or active treatment, and the same is true with respect to the brain. It appears most probable that the case was one of softening, from the convulsive twitches and from the tonic contraction of the limbs. I am not prepared to say that these symptoms may not occur without softening, but all the best authorities on the subject ascribe them to that condition of the brain. The pain in this case was not fixed to one spot; this is worthy of notice, as the pain is generally limited to a circumscribed spot, and I have found in a number of instances pain on one side with paralysis on the opposite, and on examination after death, structural change in the very spot corresponding to that to which the pain had been referred. The same observation also has been made by Rostan.

In this case, although the impulse of the heart was abrupt, yet it was not increased.

Causes.—These were not obvious in this case, and it is the same in the majority of instances; no adequate moral or other cause can be ascribed. It appeared that there was great predisposition to the disease; and that the cause, whatever it might have been, had been long in operation, was evident from the previous attack.

Treatment.—As the disease appeared to be inflammatory the treatment adopted was antiphlogistic. On her admission she was cupped, and the bowels opened by house physic; in a day or two the cupping was repeated. Had not her mouth been already made sore, I should have given her mercury; under these circumstances the iodide of potassium was prescribed, which has a similar effect to mercury in these cases. She was bled to ten ounces and blistered.

By the use of these means the headache was removed, but the paralysis remained the same; she had no more power over the limbs when she went out on the 23rd of February than on her admission. It is worthy of notice, that there was in this case a large excess of the phosphates in the urine, and this corroborates what has been stated to occur generally in diseases of the brain.

Prognosis.—In her case this was unfavorable; she had been a month without improvement in the slightest degree; and if the disease admitted of recovery, some improvement would certainly have taken place. The presumption, therefore, is that there is some structural change too great to be repaired; and if a portion of brain be softened to a mere pulp, as far as I know it never regains its functions.

Anæmia—Incipient phthisis—History and symptoms—Diagnosis of the case—State of the urine in anæmia—Spinal irritation—Physical signs of incipient phthisis—Necessity of examining the chest posteriorly—Causes—Treatment—Cure of anæmia by ioduret of iron—Ordinary duration of this disease.

Mary Kellison, aged thirty, admitted on Tuesday, January 17, 1843, a servant, unmarried, of rather delicate conformation, dark complexion, and choleric temperament; she has been accustomed to an active mode of life, has never been deprived of any necessaries, and always lived in open, dry, and healthy situations. Her mother is living, and healthy; her father died at an advanced age; she does not know of what disease; her brothers and sisters are healthy.

History of Attack.—She states that she was always strong and healthy until within about twelve months, at which time she suffered from a severe cold, attended by pain in the limbs, slight cough, and general weakness; the catamenia became scanty, and of a pale color; the face became pale also about the same time; the cough passed off in about a week, as did also the pain in the limbs; this was succeeded by swelling of the limbs, and occasionally of the abdomen, the paleness of the face continuing. The catamenia have ceased entirely for the last five months. About a fortnight ago the swelling of the legs increased so much that she was obliged to give up her occupation, which she had not previously done. Subsequently the pains in the limbs came on, also in the lower part of the chest, extending backwards to the lumbar region. Appetite has been usually bad; states that paleness of the face and loss of appetite came on about the same time. Since leaving her situation she had somewhat improved.

Present State.—Skin cool but dry; face and whole surface very pale and sallow; no swelling of the hands, nor very evidently of the feet, but œdema over the lower part of both tibiæ; she feels very weak and languid; there is some emaciation; sleeps badly; suffers frequently from giddiness and headache; spirits good; no spinal tenderness; no globus hystericus, or difficulty of swallowing; no cough; some difficulty of breathing; pulse 90, and soft; heart's impulse rather too strong; sounds not quite healthy, but no distinct murmur; suffers from palpitations and dyspnœa on making much exertion; venous murmur in the neck; tongue pale and fissured; bowels quite regular; appetite good; slight fulness of abdomen; pain on superficial pressure over the whole surface, somewhat increased on deep pressure; urine voided frequently, copious, and pale, rendered somewhat pinkish by the action of heat and nitric acid; not otherwise affected.

Iodide of iron, three grains;
Infusion of orange, an ounce. Three times a-day.

Extra full diet, and half a pint of porter daily. States that the pain which she felt in the lower part of the chest about a fortnight ago was often much aggravated after taking food, also that vomiting sometimes followed; these symptoms have now quite disappeared.

January 20. Some tenderness of the spine in the lower part of the dorsal and upper part of the lumbar regions. Heart's impulse is stronger than natural, and there is a murmur with the first sound, heard loudest at the base; pulse small, soft, and jerking; headache increased by the erect position. Dulness on percussion under both clavicles and above the left, also in the right supra and infra spinous fossæ. Inspiration loud and rough under both clavicles, expiration is louder than natural, and is very loud in the right supra and infra spinous fossæ.

30. Color of face somewhat improved; some pain in the region of the epigastrium; bowels regular; appetite good; respiration louder under the right clavicle than the left. Increase the quantity of iodide of iron to six grains.

February 1. Slight hoarseness to-day as well as cough; if any difference, has gained a little in color; dulness in the left subclavicular region more distinct upon the clavicle, though not very great dulness on the right side superiorly; expiration louder on the right shoulder behind; very slight muco-crepitant ronchus under the left clavicle; expiration louder than natural under left clavicle; inspiration too loud and too rough on both sides.

3. A little more color to day.

6. Color still more improved, appetite good. Increase the dose of iodide of iron to eight grains.

10. Too much dulness on both clavicles, especially the left; more marked behind.

24. Left side under clavicle still dull on percussion; inspiration loud on the right side, expiration loud on

the left; coughs a little; perspires a good deal in the night.

27. Has quite regained her color; has very little cough. Discharged, cured of the anæmia; phthisical symptoms relieved.

CLINICAL REMARKS.

Diagnosis.—This patient on her admission presented all the usual symptoms of anæmia. As the result of taking cold twelve months ago, she had pain in the limbs, slight cough and debility; about the same time and nearly *simultaneously* the face became pale, the catamenia pale and scanty. She complained of great weakness and languor, also headache and giddiness, increased, as is usual in the headache of anæmia, by the erect position. Afterwards there was œdema of the feet, just as occurs in a weak state of the system from any cause. She was troubled likewise with palpitation and dyspnœa. The heart's impulse was rather too strong, and there was a murmur with the first sound heard at the base; but we could not say there was disease of the heart, for the action of the heart was probably increased at the time of the visit, as is frequently the case, and a murmur we know to be common in anæmia.

The urine in this case was pale, and its specific gravity, although not mentioned in the history, was diminished; this is so common in anæmia as to have given rise to the term anæmic urine. Also, as is very common in anæmia, she had had pain at the epigastrium, having all the characters of gastrodynia; there was also tenderness on superficial pressure over the spine in the dorsal and lumbar regions, which has been called *spinal irritation*, and local superficial pain of the abdomen, both generally present in anæmia.

In addition, there were signs of disease in the chest which appeared to indicate incipient phthisis. There was dulness on percussion under both clavicles and above the left one, also in the right supra and infra spinous fossæ. Inspiration was loud and prolonged; expiration was louder than natural, especially in the summit of the right side posteriorly. It is of great importance always to examine the lung behind, as deposition of tubercles more frequently takes place on the back part of the lungs. It is worthy of notice that little or no cough, and no pain in the chest, was complained of.

Causes of the Anæmia.—None obvious, unless the tubercular deposition in the lungs was the cause, for we know that will alter the nutrition of the whole body. It could not be due to loss of appetite nor suppression of the menses, for it did not succeed either of these circumstances, but all occurred at the same time. With regard to the phthisis, no adequate cause could be ascribed. There was no hereditary predisposition, no severe privations of any necessary or ordinary comforts, either of food or clothing, &c., and there did not appear to have existed any inflammation or any previous severe diseases, which are common causes of tubercles in persons so predisposed.

Treatment.—She was treated as all cases are treated in the hospital, by steel. Three grains of the ioduret of iron were ordered to be taken three times a-day; she was allowed full diet, and half a pint of porter daily. The ioduret was gradually increased to eight grains three times a-day. Under this treatment her color returned, strength and appetite improved, and she was discharged six weeks after admission. This was a longer time than usual for the cure of the anæmia, which was probably owing to the tubercles. I think a month is about the time I have observed as the ordinary duration of a case of anæmia treated in the same manner.

CLINICAL LECTURES
DELIVERED AT THE
METROPOLITAN FREE HOSPITAL.
BY MR. BENNETT LUCAS,

Senior Surgeon to the Institution, and one of the Lecturers on Anatomy and Physiology at the Westminster Hospital School of Medicine.

Lecture VIII.—March 24, 1843.

Gentlemen,—Having subdued, by the means I pointed out in my last lecture, the local inflammation of the second stage of gonorrhœa and the irritability of the remote organs which are occasionally affected, your next care should at once be to control the discharge, and gradually to subdue it. When this is accomplished the disease is cured, and the third stage, or that of gleet, prevented.

To accomplish this end a host of remedies have been recommended, either alone or in combination, and each and all of them, at one time or another, have been dignified with the term "specific;" but, like all remedies which have for their object the cure of this disease in all its stages, or rather which are administered with this view, for once they have succeeded they have twenty times failed. That the remedies I am now about to speak of are of the utmost value in the cure of the second, and occasionally in the third stage of gonorrhœa, experience daily proves; the secret, however, lies in the proper time for their administration, and without a due attention to the reduction of the inflammatory symptoms, our expectations will end in disappointment, no matter how we may vary the formulæ in which we administer them, or increase or diminish the quantity we give. It is to these remedies that the "specifics" for urethral discharges, which we see advertised in the daily papers, owe their occasional efficacy in the cure of gonorrhœa; but for one who takes them with benefit fifty suffer.

There is no doubt that gonorrhœa, like syphilis, is under the control of particular remedies; but these should not, on that account, be administered without discrimination, and under every circumstance. For instance, to give balsam copaiba at a time when chordee, scalding, and the other inflammatory symptoms are present, would be to abuse this valuable remedy, so with cubebs and the turpentines. In like manner, to give mercury at a time that a syphilitic sore, whether primary or secondary, was in an inflamed state, would, to a certainty, aggravate the symptoms, if not produce sloughing and other bad consequences. The same rule holds good in the administration of the usual remedies appropriate to a host of other diseases; and with these facts before us, so constantly enforced in medical writing and *ex cathedra*, it is truly a matter of surprise how sadly it is neglected in the administration of the remedies which we know to be of the utmost value in the treatment of gonorrhœa.

Balsam copaiba is, without doubt, the most effectual medicine we possess in the treatment of the second stage of gonorrhœa after the inflammatory symptoms have been subdued; when these are present I have invariably found its administration worse than useless. If it be given under such circumstances, as it too often is, it is true it may stop the discharge; the patient will tell you he is well; that he has little, in short, no running, but that a slight uneasiness still remains when he makes water; and upon pressing him closely you will generally ascertain that he is not altogether free from pain, though he will not admit chordee, when the penis suffers erection. In all venereal affections it is astonishing how flippant patients are in the use of professional phraseology when they describe their symptoms; but it often happens in this institution, and I suppose elsewhere, that they sadly misapply terms, confounding scalding with chordee, and so on. Their confidence, also, in their knowledge of the nomenclature of venereal affections is unbounded; and on inquiring the nature of the diseases for which they apply, it is not unusual to hear from them that it is "the discharge," "the venereal," or "the venerable;" occasionally it is described as "what's a-going," as if it were epidemic (laughter); and with the constabulary applicants it constantly happens that it is "their privates are disorderly."

The best way to silence all these speculations as to the nature of the affection under which our patient labors, is to at once investigate the organ, and although no discharge from the urethra, at the time of your examination, may be present, the most satisfactory evidence, notwithstanding, of the existence of gonorrhœa will be afforded. You will sometimes find the lips of the urethra tumefied, and always more reddened than natural; you will constantly find this unnatural redness extending, more or less, over the glans, especially in the mesial line on its dorsum, and if these should be absent, evert the lips of the urethra, which you can in most patients do, and you will find its mucous membrane highly vascular and red. If the prepuce covers the glans, the unnaturally moist condition of both parts, their reddened irritable appearance, the heat even to evaporation from their orifices, and the peculiar conical or pouting appearance of the urethra are, with the account of the previous symptoms, always sufficient to form a correct estimate of the real state of the case.

I have said that these symptoms are conclusive even in the absence of discharge, or rather, I should say, of its not being present; for I need scarcely tell you that, under such circumstances, the characteristic discharge of gonorrhœa cannot be very long absent.

It is very common for patients, a few minutes before they present themselves to us at this institution, to make water, and thus clean the urethra of all discharge; when I have found this to be the case, or when rather I suspected it, for such patients generally tell us they have no running, you may have observed me desire them to wait in the adjoining room until the other patients had been seen, and after a lapse of half an hour or so the discharge was certain to be plentiful enough. The front fold of the shirt in such cases is often sufficient evidence of the disease in the uncleanly patients we are in the habit of seeing here.

I have been led into this digression from the very nature of clinical discourses, which can never be of that connected kind which obtain in a systematic course of lectures; to return, then, to balsam copaiba as a remedy for the second stage of gonorrhœa.

This medicine, at the period of the disease I have advised you to administer it, may be given either in its pure form or with some of the compound tincture of lavender or cinnamon to disguise its taste, or an excellent way of administering it is in the form of emulsion. In this institution we constantly give it with spirits of turpentine or liquor of potash. It has of late been the fashion to give balsam copaiba, enclosed in capsules, on the same principles that it is given combined with spirits of lavender—that is, to disguise its taste. Now, if the mere taste of this medicine was what most incommoded patients who are so unfortunate as to require to take it, all these pains to disguise it would be of value; but as far as my experience goes, it is when the medicine has been in the stomach some time that patients complain most. They first suffer from nausea; this continues a short time, and then eructations follow, each of which is strongly impregnated with the peculiar sickening odor of the medicine, producing the most disagreeable sensations, even occasionally to vomiting; nay, sometimes after a patient has taken the medicine in the usual doses for a few days, his breath is so strongly affected by it that he is afraid of being "found out." For these reasons, then, I care little, when I order balsam copaiba, how the patient gets it down, provided he does so, and that he can retain it on his stomach. The dose of this medicine is from twenty to sixty minims three or four times in the twenty-four hours. I now never give a larger dose than sixty minims.

I have given it in very large doses indeed on the recommendation of others, but the only effect produced was to determine to the bowels, even to painful tenesmus. We had a patient here some months ago who had taken half-ounce doses of this medicine every four hours. He had purchased it wholesale from a druggist, and took it for three days in this quantity. The first doses violently purged him, and the subsequent ones produced tenesmus and serious irritability of the bladder. He had constant desire to make water, pains down the inside of his thighs, and severe scalding.

A good form to give this medicine in is the following:—

Balsam copaiba, an ounce;
Powdered gum acacia, ten drachms. Mix them well together, and add—
Weak cinnamon water, eight ounces;
Sweet spirits of nitre, three drachms,

so as to form an emulsion of this mixture; a dessert-spoonful or two may be given three times a-day, or four times, according to circumstances. If you should see any necessity for the administration of opium, of solution of potash, of cubebs, or any other medicine, these may be added to the emulsion. You will find in your works on materia medica several other formulæ in which to give copaiba, but I have always found the medicine to act better when given alone, or in combination with equal parts of turpentine or solution of potash. Balsam copaiba sometimes produces an eruption over the skin, preceded in general by nausea, and always accompanied with more or less fever. This affection does not depend upon any particular dose of the medicine, such as you might suppose would occur if it was very large; on the contrary, I have observed it more frequently follow small doses. It almost invariably takes place in the young subject who has taken copaiba for the first time. It has been confounded with measles before now. I was in attendance a few years ago upon a young gentleman, for gonorrhœa, or rather he was in attendance upon me, for he used to call at my house. It was his first gonorrhœa, and he was using copaiba in the customary doses. After he had taken the medicine three or four days he was attacked in the evening with headache and nausea, and the next morning he awoke covered with the eruption. The ordinary medical attendant of the family was immediately sent for, who, to the great delight of his patient, pronounced the disease to be measles; the mother of the young gentleman said he already had had that disease, but upon her being assured that such did not exempt a patient from a second attack, and that when such occurred it was always very mild, the case was considered by all parties to be secondary measles, and treated accordingly. The quietude he observed, as well as the medicines he took, were all favorable to the cure of his gonorrhœa, and when he left his room the discharge and the other symptoms had disappeared; but when he had taken his usual exercise and diet, the gonorrhœa again made its appearance, and was accompanied in a few days with testitis, for which I attended him.

There is an affection of the soles of the feet, of the knees, and sometimes even of the hips, resembling rheumatism, and which occasionally accompanies gonorrhœa. I mention this fact here on account of its being supposed by some authorities that this is induced by balsam copaiba. I shall in some future lecture refer to this disease again, and shall allude to some cases of it which you had opportunities of witnessing. All I shall now say on the subject is, that we have had two patients here within the last six weeks who presented well marked symptoms of this affection, and who had never taken a drop of copaiba, or indeed any medicine but purgatives.

Cubeb pepper is a remedy which has been greatly extolled for the cure of gonorrhœa, but the experience I have had in it does not warrant me in recommending it in preference to balsam copaiba. The late Sir Astley Cooper was in the habit of giving it in combination with camphor mixture and copaiba, and this is probably as effectual a method of exhibiting it as any other. If given alone it is best to prescribe it in the proportion of two or three drachms every third or fourth hour, and if it does not check the disease in a few days it is useless to persevere with it.

The time to give this remedy is either at the commencement of gonorrhœa, even should there be slight scalding, or after the inflammatory symptoms of this disease have been subdued. In gleet it is a remedy of much value, and I shall again speak of it when this stage of gonorrhœa is being spoken of.

There are another class of remedies which are of too much value in the treatment of the second stage of gonorrhœa to be passed over lightly; these are injections. Although injections are of most use in the first and third stages of the disease, yet in the second we may have recourse to them with advantage. When the inflammatory symptoms have all but disappeared—when they intermit—as, for instance, when a patient has had slight scalding yesterday and is free from it altogether to-day, and when the internal remedies I have spoken of are not attended in their exhibition with happy results, although the discharge be still plentiful, with its characteristic color and consistence, the use of these remedies you may have recourse to.

In such cases your injections should be of the mildest kind, such as two grains of sulphate of zinc, acetate of zinc, or acetate of lead, to one ounce of distilled water. An injection containing three grains of alum to the ounce of water I have found to be the best of all. If the use of any of these injections should produce irritation, pain, or uneasiness, especially of distant parts, you should at once lay them aside; for in this stage of the disease the symptoms are often aggravated by the slightest cause, and, what is worse, they become much less controllable than when they first appeared. I have repeatedly used an injection of acetate of morphia when the inflammatory symptoms of gonorrhœa intermitted, and with the best effect. Notwithstanding the most judicious and careful administration of the remedies I have pointed out to you for the treatment of the second stage of gonorrhœa, it often happens that our efforts to cure it will be unavailing, and that it will insensibly glide into the third stage, concerning which I shall speak fully at our next meeting. Before we part, there is one circumstance to which I am desirous particularly to direct your attention, and which is seldom thought of by practitioners in the treatment of gonorrhœa. I allude to the diathesis of the patient. If, for instance, your patient be decidedly scrofulous, the combination of iodine, of the preparations of iron, and so on, with the gonorrhœal remedies, you will find highly advantageous; or if he be gouty, add some preparation of colchicum, the colchicum wine for instance, with balsam copaiba. When rheumatic symptoms accompany the disease you will find your best remedy in spirits of turpentine.

A REMARKABLE CASE OF CEREBRAL DISEASE.

Coma, paralysis, stertor, convulsion, and death—Cerebral congestion—Apoplexy—Obstruction of all the cerebral venous tracks by polypoid concretions.

Rebecca Fitzpatrick, aged sixteen, a moderately healthy and stoutly built girl, was admitted into the Westminster Hospital under the care of Dr. Hamilton Roe, presenting at the period of her admission the general symptoms of simple continued fever; she had a hot skin, a slightly furred tongue, and a rather quick pulse. No change in these symptoms were observed until the fourth day after admission, when she rather suddenly became insensible, respiration remaining calm and natural, and the pulse that of the previous day; the pupils were quite obedient to light, and there was no convulsion, but the nurse stated she had several times "jerked" the right arm. She could not be roused nor made to swallow nourishment. The action of the heart quite natural, the abdomen soft, and there was no enlargement about the region of the bladder; a catheter was, however, passed, and six ounces of urine evacuated, which on examination was found to contain a large quantity of lithate of ammonia, but was not at all albuminous. Cupping to back of the neck to twelve ounces; enema of house medicine with assafœtida.

In the evening she was found in exactly the same condition; the bowels had been freely acted upon by the enema, but the abstraction of blood had produced no variation of symptoms. Blister to each temple.

On the next day the report was—Has not manifested any signs of sensibility; has taken no food; the pupils are now dilated, and under the stimulus of light act sluggishly; no paralysis of the sphincter muscles; the right arm is occasionally seized with a violent tremor, which, after continuing for a few minutes, subsides; the left is not affected in this manner; respiration calm and apparently quite natural; pulse maintaining the same character as before, rather quick, but moderately strong. The urine has again been evacuated by the catheter, and is loaded with the lithates; face rather more flushed, but not considerably so.

Six hours after the last report her symptoms suddenly became more urgent; the right side was convulsed, the convulsions lasting for several minutes; her breathing then became stertorous; subsultus tendinum affecting the arm on the right side, but not so the left; both pupils are of natural size, but on the approach of a lighted candle dilate; pulse bounding, and more full, 118 in the recumbent posture; respiration 30 in a minute, equal but labored; lips covered by frothy mucus; teeth firmly clenched together; heart's action tumultuous; the pulsation of the abdominal aorta remarkably forcible; four ounces of urine have been drawn off by the catheter. Arteriotomy of the left temporal artery; sinapismata to the feet.

On making the incision through the integuments, she threw her head to the opposite side of the bed, and groaned heavily. The blood flowed very freely, but as soon as six ounces had been taken the pulse flagged, and the artery was closed. Blister between the scapulæ; strong mercurial ointment to be applied to the abraded surface on the temples, and to be rubbed in the axillary and inguinal regions, and frequently repeated.

The abstraction of the blood by arteriotomy was in two hours followed by signs of approaching collapse. The chief alterations in her symptoms were that the pupils became contracted, and scarcely acted under the stimulus of light; respiration more calm, but still accompanied by stertor; the action of the heart irritable. Continue remedies.

After the lapse of three hours a cold, clammy sweat had broken out; the stertor had increased; pulse had become very frequent and feeble, and the action of light produced no change on the contracted pupils.

She remained in the same state during the succeeding sixteen hours, the surface of the body becoming nearly cold some time before death. Stimulants and counter-irritation were at different periods employed, but unavailingly. Shortly before she sank the respiration became very hurried, and the stertor much increased. No re-occurrence of convulsion took place.

Sectio Cadaveris, Twelve Hours after Death.

Body muscular; surface pallid.

Brain.—The dura mater was healthy, but all the veins traversing its surface were remarkably distended, hard to the touch, and rigid; the large venous trunks presented a cord-like hardness. On laying open the longitudinal sinus, its middle third was found completely blocked up by a large, hard, firm, polypoid concretion, of a pale reddish-brown color, tough, and somewhat elastic, and on being cut into presented in the centre a cavity about the size of a small pea, containing purulent matter. All the veins emptying themselves into this trunk, and more particularly those of the left side, were distended greatly by hard coagulum. On removing the brain all the other sinuses were found obstructed by dense polypoid coagula, but less tough, and of a darker color than the contents of the longitudinal sinus. In the torcula Herophili was found a large, irregularly shaped polypoid mass, almost entirely filling up the cavity, of exactly the same character as that met with in the other vessels. On making a section it was found to contain a cavity as large as a bean, filled by purulent matter tinged with blood. The mouths of all the six sinuses passing into the torcula Herophili were more or less obstructed by coagula of similar character. The polypoid concretions were all more or less firmly adherent to the lining membrane of the sinuses, the more recent and darker colored less so than those in which pus had been formed.

The substance of the brain was much congested throughout, blood exuding from innumerable points when a section was made. In many parts of both hemispheres blood had escaped into the cerebral substance, in the form of thick radiating lines, resembling the dendritic figures found in limestone. At the posterior third of the left hemisphere, at about half an inch from the surface, was found a cavity of about the size of a walnut, partially filled by small masses of cerebral substance floating in yellow, turbid fluid, the margin of the cavity not being well defined, but appearing as if formed by the breaking down and disintegration of the cerebral mass in that part; it presented no surrounding redness. Corresponding to this spot, on the opposite hemisphere, was found a small clot, in size about that of a hazel-nut, evidently of very recent formation. The left ventricle contained about five drachms of serous fluid, the right scarcely any. The corpora striata and optic thalami were not at all congested, and the base of the brain was less congested than other parts.

The heart and lungs were quite healthy, as were also the abdominal viscera.

The venous trunks in connection with the diseased sinuses, as well as those in the thoracic and abdominal cavities, were examined, but presented no evidences of disease.

REMARKS.

In the preceding case, the cause of the polypoid concretions found in the cerebral sinuses is probably to be sought for in the previous inflammation of those vessels. The symptoms presented at the commencement of the illness, which terminated in death, were by no means of a severe character; and although they must have coexisted with, if they were not produced by, the phlebitis, yet none of them were of a local character; and there was neither complaint of pain or other symptoms referred to the head beyond that which is commonly associated with the onset of simple continued fever.

Another explanation may be offered in opposition to the belief in the pre-occurrence of phlebitis, in the supposed formation of coagula from retarded circulation in the veins, which had subsequently undergone in parts the process of softening, and thus resembling the polypoid concretions not unfrequently found in the cavities of the heart, the central portions of which often consist of purulent matter. But even if this opinion be adopted, there yet remains to be demonstrated the cause of the coagulation as well as the fact of the polypoid masses being found to adhere to the interior of the sinuses; nor could such coagulation have taken place without having given rise to symptoms of cerebral congestion at an earlier period than that at which they were first observed.

The general engorgement of the cerebral mass sufficiently explains the signs developed towards the termination of the case, and the greater amount of disease in the left hemisphere presents itself as accounting for the fact of the arm on the right side having been more affected than the left. The formation of the two cavities found in the cerebral substance could scarcely have been produced by the same causes; that on the right hemisphere evidently ensued from the rupture of a small vessel, whilst that on the left must have resulted from some disintegrating force applied to the cerebral structure in that part, and which probably was extreme distension of the minute vessels, and transudation through their parietes. B.

TREATMENT OF DYSMENORRHŒA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In common with the medical practitioners in this neighbourhood, I always read with pleasure the very practical communications of Mr. Toogood, of Bridgwater; and the wish repeated, in his last letter, for further information on the treatment of dysmenorrhœa, induces me to mention the success I have experienced from the employment of digitalis, in conjunction with other auxiliary remedies, in that painful affection.

In the "Medical Quarterly Review," for April, 1834, Dr. A. T. Thompson speaks highly of digitalis and calomel, followed by an aloetic cathartic as an emmenagogue. A modification of this treatment I have ever since prescribed with the most beneficial results in dysmenorrhœa, the operation of the medicine not only diminishing the severe pain, but moderating the distressing discharge that frequently follows. From what we know of the *modus operandi* of digitalis its use appears to me to be founded upon principle, and if, as is most probable, the painful symptoms depend upon sudden and inordinate congestion in the region of the uterus, we can easily account for its utility in diminishing the congestion and subsequent secretion. Narcotic preparations, whether of hyoscyamus, opium, or stramonium, are palliatives only, and, as the complaint occurs in females whose temperament renders them subject to sudden determinations and irregularities in the circulation, they are rather contraindicated than otherwise as a means of cure.

A few days before the menstrual period, I recommend a purgative that acts on the lower intestines, sometimes the compound aloetic pill, but most frequently the officinal pill of aloes and myrrh; immediately after its operation I commence with small doses of digitalis and calomel frequently repeated, but I have not yet satisfied myself of the utility of the latter medicine; the combination certainly promotes the action of the kidneys, and we know that patients have recourse to diuretics—such as hot tea, gin and water, &c., in their agony, and find relief from the same. The tincture of digitalis is the best form, and it should be continued during the first two or three days of menstruation. Previous local bleeding by leeches or cupping in severe cases forms part of the treatment, and my experience of its advantage coincides with that of your other correspondents on the above subject.

I remain, &c.,
G. W. DYKE, M.D.

Corsham, April 12, 1843.

PHYSIOLOGY AND PATHOLOGY OF THE BLOOD.

[The following is taken from an excellent paper by Dr. Rees, contained in the last number of "Guy's Hospital Reports."]

The coloring matter of the blood and its true relation to the corpuscle is a point which has hitherto been but little understood, and on this subject Dr. Rees first treats. He observes, "Much confusion has arisen from the terms red particle, red globule, and red corpuscle being regarded as synonymous with hæmatosine or coloring matter, the latter expression meaning in its correct signification nothing more than one of the constituents of the red corpuscles; there being a white matter also present in those bodies, which chemists have only noticed within the last few years, and have never yet ventured to define more particularly than as the white matter of the corpuscles." By a series of microscopic experiments Dr. R. has demonstrated that the red corpuscles are closed sacs containing a fluid within them, which fluid is itself of a red color, the investing sac being white—a fact which he arrived at by bursting the blood corpuscles by the addition of water, and then separating the contents of the corpuscles from the containing membrane. The membranes of the blood corpuscles, notwithstanding their extreme tenuity, possess the property of admitting the passage of fluids by endosmosis—a fact which is established by submitting the corpuscles to the action of fluids of higher and lower specific gravity, by which the flaccidity or distension of the globules was produced.

With regard to the condition of the iron, and its true position in the organisation of the corpuscle, Dr. R. has shown, by an extension of the experiment before alluded to, that the iron is contained in the red coloring fluid, and not in any other of the constituent parts of the corpuscle. From the clear solution obtained after the bursting of the corpuscle by the addition of distilled water, a dry mass was by evaporation procured, by incinerating which it was found to contain the whole of the iron of the corpuscles, whilst no iron is contained in the sacs or cases of the latter, or in their nuclei. In alluding to the nature of the smaller corpuscles, which are constantly found floating with those of larger size, and which by many microscopists have been supposed to be immature corpuscles, the author observes, " It must be a necessary part of the process by which these small corpuscles arrive at maturity, that iron enters within the envelope, to supply one of the constituents of the red coloring matter; and to ensure this effect two conditions are required. Firstly, a liquor containing iron in solution must be applied to the membrane of the corpuscle; and, secondly, that this liquor must be of a specific gravity less than that contained in the corpuscle, or it will not enter it in quantity. Both these required conditions are to be found as physico-chemical characteristics of the mixture of chyle and lymph which enters the blood by the thoracic duct, to which fluid all experimenters have given a lower specific gravity than the liquor sanguinis. Thus the specific gravity of the contents of the thoracic duct in the human subject, which I lately analysed, was 1024, while that of the liquor sanguinis may be given at 1052 at the least. From other experiments on the cat, dog, and the ass, I am satisfied of the general truth of this statement. The iron which exists in the chyle is not contained in the crassamentum which forms by coagulation; but we find it, on the contrary, as a constituent of the serum in a perfect state of solution, so that it may enter with facility through the membranes of the corpuscles; so perfect, indeed, is this solution, that, even after evaporating the chyle to dryness, we are enabled to extract the iron from the albuminous matters by digestion in water. It exists, in fact, dissolved in that constituent of the chyle which is called the aqueous extractive, and most probably in the form of lactate. Nature has then in this admirable manner provided for the introduction of iron into the corpuscle, by presenting it in a perfectly soluble form to the enveloping membrane, and dissolved in a liquor of a specific gravity suited to effect the necessary endosmodic actions."

The author next proceeds to point out certain pathological phenomena which may be expected to result when the due balance and arrangement of the physical properties of the fluids become destroyed. He regards the healthy condition of the membrane of the blood corpuscles, by which transmission of liquors and gases may take place, as being of the same importance to the maintenance of life as is the previous condition of the respiratory tubes, and that life would be equally destroyed by the loss of those special properties in the former as by the closure of the latter. " Let the blood become destroyed so that its specific gravity is lessened, and we may feel assured that if the physical qualities, more especially the specific gravity of the chyle, be not simultaneously affected, and that, too, in a due proportion, the result must be that the red coloring matter, the great oxygenator of the blood, is no longer produced in its ordinary quantity—the ferruginous serum of the chyle not being able to enter the blood corpuscle as in health. If the degeneration above alluded to take place, we must recollect that all the solids of the body through which the blood courses are formed with pores and of materials admitting of endosmodic action; and that it is impossible for the solid constituents to preserve their health if constantly acted upon by the blood at a specific gravity of 1030 to 1036 instead of 1052 to 1057—the equilibrium of health being no longer preserved, and the watery blood inducing a like condition in the other solids."

The author expresses his desire to direct the attention of the profession to the study of endosmosis as applied to pathology, and his belief that many of the phenomena of Bright's disease are attributable to the condition of blood noticed in his essay.

SARSAPARILLA IN SYPHILIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I beg to offer a few remarks on the subject of the last of Mr. Parker's admirable and instructive lectures, now in course of publication in the Provincial Medical Journal.

It was with some surprise I noticed the very casual mention there made of sarsaparilla, as a remedy in the tertiary forms of syphilis—merely as a vehicle for another medicine, in the same category with cinnamon or peppermint water, or compound infusion of gentian.

Accustomed as I have been to witness its good effects, and believing it to be a (I had almost said universally admitted) remedy of great power, in the class of diseases alluded to; I am at a loss to know in what form of syphilitic affection it should, if at all, be employed.

It may be that I am manifesting ignorance or impatience in making this inquiry, and that were I to refer to Mr. Parker's published work on the subject, or wait for a few more lectures, I might possibly find myself in possession of more precise information. But in the lecture on warts, condylomata, &c., the plan of treatment for syphilis, in all its forms, is so comprehensively indicated—in a word, mercury for primary and secondary, and hydriodate of potass for the tertiary forms, that I do not see how and when sarsaparilla can, with Mr. Parker's permission, come in for its due share of employment.

It is unnecessary to refer to authorities on, or to cases illustrative of, the utility of this medicine. I apprehend that the employment of it in practice, at the present day, is very general in, I mean, constitutional syphilitic diseases. The impression on my own mind is certainly such, that anything I may read must be strong indeed if it induce me to refrain from prescribing it in cases similar to those in which it has been found so beneficial.

That the hydriodate of potass is a remedy of the greatest value in the tertiary forms of syphilis there is no question; but that the sarsaparilla is useful only as an adjunct to it, is hardly I think a fair estimate of it. I am, with every deference, inclined to the opinion that had it been tried it would have been found of some service to Jane Mathews, whose case Mr. Parker details, when the general health is " not what it ought to be " " broken by a first and second course of mercury." It is a remedy, I have reason to believe, often given with more advantage than any other.

I am, Gentlemen,
Your obedient servant,
H. WILSON.

Runcorn, April 19, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, APRIL 22, 1843.

It gives us much pleasure to announce that the movement in support of medical reform is rapidly spreading throughout the provinces, and that we may soon expect to have such a decided and general expression of public opinion upon this question as will probably induce the Home Secretary to accede to our demands. The profession, having exhibited an example of patience and long suffering without parallel, has at length aroused itself, and is putting forth its strength. Meetings have been convened in many of the large provincial towns, and the utmost unanimity prevails on the few but essential points, which should be urged on the attention of government and the legislature.

It cannot, however, be too generally understood that, to make any impression on Sir James Graham, who, we have reason to fear, is mainly influenced by the metropolitan corporations, or to obtain anything like a fair hearing from the legislature, we must not relax for a moment in our efforts. The desire to obtain some satisfactory arrangement of medical affairs is now universally felt; we are all agreed on the essential principles which must serve as the foundation for such arrangement, and it behoves every one who would sustain his own respectability, and promote the interests of the profession, to join in the struggle in which the friends of medical reform are now seriously and actively engaged. It is futile to complain of evils unless we stretch forth a hand to remove them; it is ungenerous to throw the whole onus of a national contest on a few devoted friends of liberty; it is unwise to withhold assistance at a time when a well sustained effort might terminate in the attainment of all those benefits for which the profession has hitherto rather sighed than striven.

We cannot think that the appeal which we now make to our brethren—friends and advocates of medical reform—shall have been made in vain. Much, it is true, has been done, but much more remains to be effected. Petitions and memorials should be forwarded from every locality in which half a dozen medical practitioners can be assembled together. We do not so much require an imposing array of numerous signatures (although the more the better), as a succession of separate petitions and memorials from different places. Any active friend of the cause can easily draw up a short petition (on the plan of those recently published in this Journal), obtain the signatures of those who are favorably inclined to reform, and then forward the petition or memorial to the members for the borough or county in which the petitioners reside.

It is the duty of members of Parliament to present any respectfully worded petition which may be entrusted to them, and this duty is, in almost every instance, cheerfully and faithfully performed. The temperate but firm remonstrances which have already reached Sir James Graham, on the subject of the collegiate charters, have, we believe, made very considerable impression on him. The Home Secretary has been taught (what, indeed, he well knew before) that corporate bodies are not renowned for purity or disinterestedness, but often perpetrate, in their collective character, actions which any individual member of the body would repudiate with indignation if attributed to him. The recent regulations of the College of Surgeons, and the indecent manner in which the College of Physicians are hunting up gentlemen of forty years of age, whom they pretend to convert into M.D.'s, have been brought under the notice of Sir James Graham. It has been respectfully urged that such violations of established rules and professional decorum little entitle the metropolitan corporations to the confidence of the profession, the public, or the legislature; and that any attempt to continue absolute power in the hands of those who have wielded it solely for selfish purposes will be resisted to the utmost. These considerations have made Sir James Graham pause; the opinions of those who are most deeply interested in the question of medical reform have at length reached the ears of the Home Secretary, and, by persevering in the course thus auspiciously commenced, we have every reason to hope that it will issue in success.

When the great author of the "Novum Organon" designed his idols, he certainly typified the medical profession by the worshippers of the "idola theatri." This idol it is, whether clothed in the dull garb of ignorance or the resplendent vestments of philosophy, which has equally lured its countless votaries, and the science of a Liebig or the charlatany of a Priessnitz has each received the same tribute of adoration, the only variation being, that, while theories have been framed to excuse in the eyes of the profession the adoption of the latter by educated men, the researches of the former have been eagerly seized upon and connected by most unphilosophic links to particular forms of medical practice as affording an explanation of their *modus medendi.*

No sooner did the profoundly learned works of Liebig issue from the press than eager essayists rushed into the field of medical literature, fixing themselves and their theoretical lucubrations to the triumphal car of the professor of Giessen. Volumes, essays, papers, were hastily conceived, and urged into premature existence, teeming with the assumed extension of Liebig's views, and "bantlings" were fathered upon him, to which in truth he had no claim of paternity.

It is true, some few of these have merited the honor of being associated with the writings of Liebig; the majority, however, are but as bitter satires upon the splendid efforts of that great chemist.

> "Sunt bona, sunt quædam mediocria, sunt mala plura,
> Quæ legis."

Many of these literary effusions, though dignified by the assumed design of carrying out the discoveries of Liebig, by applying them to the treatment of disease, did not fulfil this object; but it was enough that a certain arrangement of remedies had been associated in print with a few of the mystic symbols borrowed from the "Animal Chemistry," and the author at once became the acknowledged advocate of Liebig's doctrines, and had done his share for science.

Let us not be misinterpreted: all that we would allude to is the fact that a most unphilosophical tendency has prevailed, and still exists amongst the members of the profession, to the sudden and incautious adoption of any peculiar views which may possess novelty for their charm. We must not be regarded as failing to fully appreciate the labors, or of paying a willing tribute to the well-earned reputation of Liebig, but solely select the publication of his works as the most recent illustration of the point to which we refer. Well would it be if the "idola theatri" only became potent when presented in the form of true science; but it must be confessed that other than scientific attractions sometimes serve to lure disciples from the ranks of the profession, and although new theories are often devised and pleaded as an excuse for wandering from the strict line of medical science, yet does it commonly happen that nothing more than an apology was contemplated to subsequently afford a loop-hole through which the pale of the profession might be re-entered, should the new doctrine prove an unproductive and sterile waste. Thus have medical adventurers gently glided into the varied phases of Mesmerism, homœopathy, and hydropathy, and, lest the transition might seem unwarranted, they anticipate an attack, act on the defensive, and *write a book*.

Scarcely can it be denied that the inconsiderate adoption and application of novel doctrines bear somewhat of a generic resemblance to the form of charlatany to which we have adverted, and, without adding aught to the reputation of the individuals themselves, exert a most mischievous influence over the advancement of medical science.

It is by no means our present purpose to particularise any of the numerous examples which almost every passing day has furnished; we may probably hereafter in another form offer a few illustrations of the general disposition which obtains to the illogical application of the views of those whose labors have been devoted to the pursuit of the collateral sciences. Every accurate observer cannot fail to be impressed with the utter absurdity of many of those speculative doctrines which the unqualified admiration of Liebig and his writings have produced. New lights in pathology are supposed to be discovered, the effulgence of which is at once to make clear the medical ministrations adequate to the cure of some of the more fatal maladies to which humanity is heir; the field of materia medica and therapeutics rapidly expand; large doses of calomel are placed in the rank of sedatives; emetics usurp the place of stimulants; and typhus is presented to us in a new and changeful guise. Ill-judged compliments crown the brow of the theorists who thus arm themselves with their "new views," and rush to seek a place beneath the protecting banner of the Giessen idol.

The name of Liebig has formed the passport for the reception amongst medical men of many writings possessing no kind of merit, unless indeed originality even in absurdity can be called such, and their authors have enjoyed an ephemeral reputation for scientific research, which, passing quickly away, has left their effusions as the evidence of an imperfect acquaintance with the subject they have affected to elucidate; whilst the result of this has been that many whose attention may have been limited to such immature productions, have, in passing well-merited condemnation upon them, also reflected the same fate upon the author himself whose views have been so strangely misapplied, and thus has the philosopher and the "book-maker" received the same reward.

We have thus briefly alluded to the subject, not with a view to discourage those who would add their mite to the common stock of medical knowledge, but for the purpose of showing that there does exist a great necessity for the exercise of more caution in the application of any new scientific propositions. The collateral sciences have done much for the healing art, and will do more; amongst them organic chemistry holds the highest rank, but, like its sister branches, is alike obnoxious to use and to abuse. Most essential is it for the cause of true medical science that the former be not made to degenerate into the latter; that professional eulogy be offered as the reward of true merit, and not in accordance with a mere fashion of the day.

ACADEMY OF MEDICINE, PARIS.

April 11, 1843.

LOCAL INFLAMMATION OF ARACHNOID.

M. Gintrac, of Bordeaux, communicated the case of a young man, forty-two years of age, who, in consequence of an injury to the head, was attacked by symptoms of concussion of the brain and meningitis. He died in two months, and after death severe inflammation of the arachnoid lining the dura mater was discovered. The serous membrane was thickened, very red, and was easily separated from the fibrous tissue. The patient had likewise an abscess in the lungs and a cancerous disease of the stomach.

ABSCESS OF THE HEART.

M. Guyon, also, related the case of a man, sixty-eight years of age, strong but irascible, and subject to palpitations of the heart; after a violent fit of anger his symptoms were greatly aggravated. There were orthopnœa; cough, with bloody expectoration; tumultuous palpitation of heart; small, irregular, and frequent pulse; coldness of skin; anxiety, &c. The patient died in twenty-four hours. The heart was large, and covered externally with layers of pus; the anterior portion of the serous membrane was opaque, and here was discovered a small oval aperture. The lower part of the left ventricle was separated from the rest of its cavity by a transverse membranous layer, which covered in a quantity of dark colored thick pus, mixed up with fragments of a soft but solid substance. The neighbouring muscular fibres were greyish and softened. From the apex of the ventricle there passed a fistulous canal through the muscular substance, which ascended towards the base of the heart and then descended to open by the oval aperture already noticed. The pericardium contained a small quantity of sero-purulent fluid.

OBLITERATION OF THE VENA PORTA.

The third case, communicated by M. Gintrac, referred to a discharged soldier, forty-five years of age, who had labored for a long time under pain in the abdomen; he also was somewhat dropsical, and presented symptoms of a heart affection, but became worse, in consequence of carelessness, and died. The left ventricle was hypertrophied and the aorta diseased, but the most remarkable lesion was ossification of the vena porta close to its entrance into the liver; the vessel was also completely closed by a firm clot of blood, which had the appearance of being of old standing. The abdominal veins were varicose and filled with dark blood; the liver small, whitish, and spotted on the surface. The gall-bladder contained some thin yellow bile.

VESICO-VAGINAL FISTULA.

M. Blandin exhibited a preparation of vesico-vaginal fistula, showing that a portion of the ureter had been destroyed by the disease. The author recalled to mind the insurmountable difficulties which occur in the treatment of these fistulæ. He is not acquainted with a single well authenticated case of cure. Perhaps this difficulty may be explained on the supposition that the orifice of one or both ureters may be comprised in the slough which has produced the fistula.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The President in the Chair.

April 11, 1843.

On Two remarkably similar Cases of Osteo-sarcoma of the Thigh-bone, requiring Amputation in both instances. By R. A. Frogly, Esq., of Hounslow, in whose practice they occurred. [Communicated by Samuel Lane, Esq.]

The first case is that of a female, aged twenty-six, who had a tumor of the thigh, which measured, in its greatest diameter, thirty-five inches and a half, and reached from within an inch of the trochanter to the knee-joint. It began in the summer of 1829 with a pain in the condyle of the femur, and in May of the following year a tumor had formed, of the size of the half-closed hand. It continued gradually to enlarge, without pain or discoloration of the skin, or materially impeding the motions of the limb, till March, 1843, when the limb was amputated. Owing to the close proximity of the upper part of the tumor to Poupart's ligament, it was anticipated that it might be necessary to disarticulate the bone at the hip-joint; but in the course of the operation, when the two lateral flaps had been made, the femur was found in a healthy condition below the lesser trochanter, and it was sawn through at this joint. Mr. Lane, who assisted, commanded the blood vessels by pressure with his fingers on the external iliac artery, so that scarcely any arterial hæmorrhage took place. What little occurred was immediately arrested by another assistant grasping the flap until as many as ten ligatures were applied. After the operation the patient caused much alarm by falling into a faint, in which she gasped as in *articulo mortis;* but she was soon restored from this condition. The stump healed favorably, and there has been no return of the morbid growth. A longitudinal section having been made of the thigh-bone and tumor, it was seen to consist chiefly of a whitish, elastic, hard tissue, resembling cartilage, but rather more transparent. There was very little deposit of osseous structure in it, and the tumor appeared more connected with the periosteum than with the bone itself, which could be readily distinguished in the morbid mass from preserving its sound condition. Numerous cysts, communicating with each other and with a large central cavity, were developed in the tumor, and these contained several pints of a yellow, tenacious, honey-like fluid.

The second case is that of a married lady, aged thirty-seven, who had, also, a tumor of the thigh. The swelling was first observed eleven years ago, as a hard lump, about the size of half a walnut, situated on the inner condyle of the femur. When seen by Mr. Frogly, five or six years after its commencement, it had not increased perceptibly in size; but in five years more it had acquired considerable magnitude, and had extended up the thigh. Finding that it made more rapid progress, so that it measured, at its largest part, twenty inches and a half in circumference, while the thickness of the limb below was only twelve inches, she consented to undergo amputation, which was performed in August, 1842, and the stump healed by the first intention. Upon making a section of the thigh-bone and tumor it was remarked that the morbid growth, although smaller than in the preceding case, presented the identical appearances both in position and structure which have been described in this case.

Casts, drawings, and preparations of the tumors, in both patients, were exhibited.

Remarks on Gangrene of the Face, and its Treatment. By Henry Obré, Esq.

The author commences with some observations on the condition of the system in children in which this disease is most liable to occur, dwelling on the ravages it produces and its usually intractable nature. He then gives the result of his treatment of the complaint by applying the actual cautery to the sloughing surfaces, as recommended by some continental writers, and describes the success which he has met with. He relates two cases where he adopted the plan. In the first the gangrene came on after typhus fever, and it proceeded rapidly to destroy a large extent of the cheek. Having tried various other applications unsuccessfully, he had recourse to the actual cautery, and immediate amendment followed, so that the edges soon healed. The appearances before and after the case were illustrated by colored wax casts taken from the patient.

In the other case the disease was so extensive, and the child so much debilitated, that the author did not succeed in saving the patient's life; but manifest advantage was gained by the use of the cautery, so as to convince him of its beneficial influence in the treatment of the disease.

Remarks on Cancrum Oris and Phagedena of the Cheek, and on the Effect of the Chlorate of Potash on those Diseases. **By Henry Hunt, M.D.**

The author describes these diseases as being identical, varying only in the degree of severity, both commencing by ulceration of the mucous membrane of the cheek, or where it joins the jaws, and that the external eschar is the consequence of the internal ulceration. He considers them to proceed from a cachectic state of the system—that they occur more commonly in cold and wet weather, sometimes attacking several members of the same family simultaneously, and occasionally prevailing almost like an epidemic.

The author has treated it very successfully by a free exhibition of the chlorate of potash, the beneficial influence of that salt being generally apparent within forty-eight hours of its being given; that it seldom fails to arrest the progress, and to effect a cure, if administered prior to the patient's being very much exhausted. The quantity of the salt he has been in the habit of prescribing varies from one to two scruples in twelve hours, according to the age of the child. Two cases are related in corroboration of the foregoing statement.

OVARIAN TUMOR OBSTRUCTING PARTURITION.

When pregnancy is complicated with enlargement or misplacement of the ovary, it is of great importance to ascertain the extent, situation, size, shape, density, and connections of the obstruction. The enlarged ovary may be seated above the brim of the pelvis, or it may descend into that cavity occupying the side corresponding to the ovary affected: in other cases, although the ovary descends into the pelvic cavity, its mobility is so great, that there is no difficulty in lifting it up, and in placing it above the brim, as in the case hereafter related.

Where the tumor is of the congested form, large, and confined to the abdomen, it may produce lateral obliquity of the uterus, and so render the labor tedious, preventing the presentation from entering into the brim. Sometimes the enlarged ovary falls into the recto-vaginal pouch, and thus form a serious obstruction to the progress of labor.

The diagnosis of ovarian tumor, when complicated with labor, is not always a very easy matter. In forming our diagnosis, we must be guided by the history, situation, and shape of the tumor. If an examination be made before the child's head has descended into the pelvis, or if there be no adhesions and the tumor be moderate in size, its displacement and reposition may enable us to determine its nature. If the tumor be encysted, it is elastic, soft, and fluctuating, becoming more tense during the uterine efforts; or by them it is urged into the pelvic cavity, or the child's head is pressed against it. But otherwise, whether it be of a non-malignant or malignant nature, uterine pains will not increase its tensity, neither will it become flaccid when the efforts cease: in short, the only effect produced by the pain is a forcing down of the tumor *en masse;* so that, in order to arrive at a correct diagnosis, we should examine the tumor both during and in the absence of pains. Exploration already referred to should be made in every case in which doubt exists, before we proceed to destroy or even risk the child's life. The history of the examination of the case, both *per vaginam* and *per anum*, will, I think, in every case, enable us to decide the obstruction to be ovarian; for if due caution be employed, it can neither be mistaken for disease of the uterus nor vagina. The cases which are most likely to be confounded with ovarian tumors are those in which encysted or other tumors are developed in the cellular tissue, between the rectum and the vagina; but this is but of little consequence, as the treatment in both cases is founded upon the same principles.

The prognosis of labour complicated with ovarian tumor may be considered in a twofold point of view: first, as it regards the mother; and secondly, as it regards the child. In both cases it must mainly depend upon the size, seat, mobility, and nature of the obstruction. If the tumor be small, if it chiefly consist of fluid, or if we are able to return it above the brim of the pelvis, there is little or no danger to be apprehended, either to the mother or the child: but if the tumor be large, solid, firmly adherent, and if it occupy the cavity of the pelvis, the operation of craniotomy will very probably be necessary; and the difficulty in performing that operation, as well as the injury the parts may sustain during the delivery, will render the recovery of the mother a question of great uncertainty: or, lastly, the labor may be so protracted, that the patient may die of exhaustion. Puchelt, who has collected together thirty-one cases, mentions but one (that related by Busc) in which the woman died undelivered, although he alludes to several which proved fatal after delivery, either from exhaustion or inflammation. Our prognosis, therefore, must be based upon the nature, size, and mobility of the obstructing tumor. Of the thirty-one cases related by Puchelt,

1 died without being delivered;
14 died soon after delivery;
3 died from other causes; and
13 recovered.
—
31

Dr. Merriman states that, out of eighteen cases,

9 women died;
3 ——— recovered imperfectly;
while 6 ——— recovered perfectly.
—
18

With regard to the child, our prognosis will depend on the same causes that influence us in determining that of the mother.

Puchelt states, that—

21 children died before delivery;
2 ——— ——— after delivery;
7 ——— were born alive;

while in 2, the result is not stated.

In Dr. Merriman's cases, the still-born children amounted to 16, and those born alive to 4.

Mrs. T——, a delicate, strumous-looking woman, twenty-nine years of age, was under my care for twelve months before her marriage, which took place eight months since. Her friends had previously consulted me with respect to the propriety of the proposed union, as, from a considerable spinal curvature, they were afraid deformity of the pelvis existed. About three months previous to her marriage, she requested my opinion respecting a tumor in her left side, which, upon careful examination, I pronounced ovarian; and notwithstanding that I advised her to put off her wedding for a time, she married secretly, and in four weeks became pregnant. Nausea, sickness, and the other accompaniments of the pregnant condition, were very distressing; and the two former yielded only to two-drop doses of creasote. As pregnancy advanced, the ovarian tumor also increased; so that, by the time she had reached the eighth month, I thought it prudent to institute a careful external and internal examination, in order to ascertain the size, consistence, and mobility of the tumor, and so determine what were the chances of safe delivery, or whether premature labor should be induced. There existed a lateral obliquity of the uterus, caused by the projection of the ovarian tumor, which was of the size of the head of a seven-months' child; it was moveable, and, externally, no fluctuation could be detected. Upon making a vaginal examination, the tumor could be felt in the upper and left side of the vagina, easily moved; the impression of indistinct fluctuation could be conveyed to the examining finger, when firm pressure was made on the tumor externally. The dimensions of the pelvis appeared to be normal; and after duly weighing all the circumstances of the case, I decided upon permitting her to go on to the full term of gestation. The mobility of the tumor led me to hope I should succeed in placing it above the pelvis, out of the reach of pressure; whilst the evidence I had of fluctuation caused me to anticipate, that should I not succeed in this, I might readily let out the fluid contents of the cyst *per vaginam*, and thus, in a great degree, remove the cause of obstruction. In due time, her labor came on; its first stage was protracted and tedious, from two causes—the early discharge of the liquor amnii, and the obliquity of the womb itself; but as the labor progressed, I was enabled, with a little management, to raise the tumor above the brim of the pelvis. The labor pains, which were frequent and violent, soon forced the head into the pelvic cavity, and the labor was completed after nine hours' duration, the child being born alive. On the third day after delivery there was some tenderness over the region of the tumor, accompanied with symptoms of febrile excitement; for which, leeches, warm cataplasms, a purgative, and some antimonial saline medicine, were ordered; these symptoms quickly subsided, and in three weeks from the time of her accouchement she was out of her bedroom. After she had suckled her child for three months, her constitutional powers were evidently beginning to fail; but no persuasion could induce her (by nature a very obstinate woman) to feed her child. The consequence was, that, with the impairment of her general health, the ovarian tumor began to enlarge; so that in eight months from the period of her confinement she was as large as before her delivery. After the usual palliative remedies had been tried, paracentesis was had recourse to in eleven and a half months from the time of delivery. For two years and a half she lingered out a miserable existence, and died of peritonitis, after undergoing the operation of paracentesis for the fifth time. No post-mortem examination was allowed; but I am inclined to believe the other ovarium was also diseased, as there was a tumor in its locality, and the patient had not menstruated since her confinement.—*Dr. Lever, in Guy's Hospital Reports.*

SUSPECTED POISONING.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In my opinion Dr. Johnson, of 101, Drury-lane, met with injustice at a late coroner's inquest, because, if I had been a juryman, I could not have conscientiously agreed to any verdict but one of "natural death."

Mr. Taylor is reported to have said, first, "I can tell whether or not there was too much opium in the mixture;" and, secondly, "I chiefly relied on the quantity of spirit;" which two assertions are, in my imagination, so far from being in accordance with each other, as to make him contradict himself; therefore, I think either his evidence has not been given correctly in the "Morning Post," or he has spoken so absurdly as to show that he is a very incautious and unsafe chemist to be a witness before a jury in a criminal prosecution.

There are but few rules which have not exceptions, but, to speak more than generally, almost invariably, if full doses of opium be indicated for a child of four or five years old, and the same quantity only be administered as that child took, it will be very inert practice. Supposing, for the sake of argument, this child *had* died from the effect of opium, it might be said, "There are six children at that age in England whose constitutions, under such circumstances, would not bear such doses of paregoric;" but it might be said in reply, "Still, all the other children in England (without such idiosyncrasy) would be neglected by, and might die in consequence of, such inefficient treatment."

The apothecary probably misled the jury by saying, "My evidence will be fully borne out by one of the first chemists of the day," instead of saying, "Supported by one who, imagining and supposing, will profess to know more than he will prove that he does know."

He said, "the only morbid appearances were those of enlargement of the heart, inflammation in the bronchial tubes, and some air which had escaped into the cellular membrane of the lungs," and from his further evidence I conclude that the brain did not show the usual appearance produced by an over-dose of opium, yet "he was decidedly of opinion that the child's death was caused by opium."

Dr. Babington also thought the remedy, not the disease, produced death. He tells us the heart disease arose from "a difficulty of propelling blood," but does not say how he knows that the enlargement of the heart was not congenital. It should not become fashionable to punish one man upon the speculative opinions and theories of other men. We suppose that, generally speaking, when there are doubts, the accused party will have the benefit of them; but, as far as I am able to judge from experience, this verdict was given against the party accused, under false impressions, not upon facts. And if the judgment of the medical men of England were taken by vote, whether the evidence given at that inquest or these remarks and opinions are the most reasonable, I should not fear the result.

Remaining, Gentlemen,
Yours, &c.,
W. Allison.

East Retford, April 12, 1843.

TREATMENT OF MEDICAL OFFICERS OF UNIONS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Aware as you already are of the inadequate salaries in general allowed to union medical officers for their laborious attendance on the sick poor, perhaps the following fact will be found altogether if not entirely without a parallel.

I have been the medical officer to a district in the Axbridge union for the last four years, and made during that period 2,763 visits to paupers, many living five or six miles, and the nearest one and a half from my residence, besides supplying them with necessary medicines. For this I have been paid only £133. On receiving a letter from the clerk of the board, respecting my accepting it for another year, I declined, unless the salary was increased; many of the guardians were so disposed, but on one of them stating a friend of his, Mr. Millard, would accept it without any addition, it was transferred to him, thus entirely setting aside the regulations of the poor-law commissioners, issued in March, 1842, as the only qualification this gentleman possesses is a certificate from the Apothecaries' Company in London, and he has been in practice not three years in this part of the country (or any other to my knowledge).

Having lately reduced a fractured leg, I considered myself entitled to a fee of three guineas, which was refused by the board on the ground of my election having taken place prior to the appearance of the new regulations—a mere subterfuge, in my opinion, to evade payment.

Should you think proper to insert the above in your valuable and widely-circulated Journal, you will oblige

Your obedient servant,

W. H. Parsley, M.R.C.S.L.

Banwell, April 3, 1843.

ASSURANCE OFFICE FEES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I have much pleasure in informing you that the following resolution has been adopted by the medical men of this town, Modbury, and Dartmouth, upon the subject of a fee for a medical certificate from insurance companies.

I am, Gentlemen,
Your obedient servant,
W. C. Ford, Hon. Sec.

"We, the undersigned medical men, pledge ourselves not to answer the inquiries of insurance companies unless accompanied by a fee of one guinea, being a resolution in unison with the British and Shrewsbury Medical Associations."

W. C. Ford, surgeon, Kingsbridge.
W. Toms, ditto ditto.
John Elliot, ditto ditto.
F. D. Pearse, ditto ditto.
F. S. Cornish, ditto ditto.
J. P. Stone, ditto, Chillington.
C. Cross, ditto ditto.
Richard Gellard, ditto, Selcombe.
W. B. Avent, ditto, Modbury.
W. S. Langworthy, ditto ditto.
George Langworthy, ditto ditto.
W. F. Langworthy, ditto ditto.
James Gest, ditto ditto.
R. Birrough, ditto, Dartmouth.
J. Puddicombe, ditto ditto.
J. Puddicombe, jun., ditto ditto.

Kingsbridge, Devon, April 9, 1843.

APPOINTMENT OF CERTIFYING SURGEONS UNDER THE NEW FACTORY BILL.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I enclose, for insertion in your Journal, a copy of the memorial addressed to Sir James Graham, by the medical practitioners of this town and neighbourhood, on the subject of the appointment of certifying surgeons under the new Factory Bill. A petition to the same effect will be presented to the House of Commons. Both documents have received the signatures of a great majority of the medical men in this town, including the names of those of the highest standing and respectability.

I have the honor to be, Gentlemen,
Your obedient servant,
J. Ingham Ikin.

Leeds, April 17, 1843.

To the Right Hon. Sir James Graham, M.P., Her Majesty's Secretary of State for the Home Department.

The memorial of the undersigned surgeons and apothecaries, practising in Leeds and its neighbourhood,

Humbly sheweth,

1st. That your memorialists observe with regret and dissatisfaction the insertion of clauses in the new Factory Bill, giving the nomination and appointment of certifying surgeons to the inspectors.

bowel gains by the removal of such a source of local irritation contributes, no doubt, in a prominent degree, to the production of the same good results.

The application of the acid may be made in the following manner:—Let the patient strain, as at the night-chair, so as to bring the tumors fully into view; and while they are so down, let him either lean over the back of a chair, or lie down in the bent posture on the side on which the disease exists, with the buttocks over the edge of the bed. The finger must not be passed into the rectum before the operation, as it will so compress the tumors as to diminish their bulk, and prevent the necessary steps being taken. When the patient is so placed, let a piece of wood, cut into the shape of a dressing-case spatula, be dipped into the acid, and then, with as much of the acid adhering to it as it will carry without dripping, let it be rubbed on the tumor to the extent desired, its effect being shown by the part being changed to a greyish-white color. One or more applications of the acid are needed, according to the depth of the slough required, after which the whole is to be smeared with olive oil. The prolapsed parts should then be pushed back within the sphincter, the patient put to bed, and an opiate administered. The pain is at first sharp and burning, but goes off in two or three hours, and does not return again in the same form. A general uneasiness about the anus on motion, together with a slight sense of heat, fulness, and throbbing, are felt for a few days, and there may be some slight feverishness. The symptoms following the application are usually so mild as not absolutely to require confinement to bed for more than a few hours, although, for many reasons, such confinement may often be desirable. On the third or fourth day a purgative draught should be administered, when the bowels will be found to yield to the medicine, generally without either pain or prolapsus of the rectum. The progress after this to healing is rapid, and free from any disagreeable symptoms.

This highly interesting and graphic communication is illustrated by cases.

STRUMOUS PERITONITIS.

The March number of the "Dublin Journal of Medical Science" contains communications from Sir Henry Marsh and Dr. Fleetwood Churchill, on a form of peritonitis occurring in persons of a strumous diathesis, to which the above title has been given.* Strumous inflammation of the peritoneum with effusion may present itself either as an acute or chronic disease; the latter, which is the more frequent form, may be an evident consequence of the former, or it may occur without our being able to recognise any preceding acute stage, coming on so gradually, in fact, that the nature of the complaint may not be discovered until it is fully developed. As M. Dugès observes, "there may be occasional pains, colics, irregular attacks of diarrhœa, emaciation, paleness, for weeks or even months before the disease is established, while from the earlier and more prominent symptoms being referable to the mucous membrane of the intestinal canal, the real affection may be overlooked, and the fatal results attributed to the diarrhœa.

Bad diet, cold, privations, excesses, dentition, constipation, &c., have been mentioned as exciting causes of this variety of peritonitis; but the principal one, in Dr. Churchill's opinion, is an extension of irritation from the intestinal mucous membrane. It also occurs as one of the sequelæ of febrile diseases, such as scarlatina, measles, &c. Sir H. Marsh observes, that it frequently arises without the intervention of any well-marked exciting cause, and sometimes sets in either gradually or abruptly, during the progress of some other disease. The age most obnoxious to its supervention is between early childhood and puberty, and for a few years after that period; it is rarely met with in infancy or after the age of thirty. It is almost confined to children of a strumous habit and lymphatic temperament; and it is frequently complicated with, and is perhaps a consequence of, mesenteric disease.

The symptoms of the acute form are, wandering pains in the abdomen, increased on pressure, and gradually becoming more severe, with hot and dry skin, scanty, high-colored urine, small and very frequent pulse, and extreme distress and anxiety, rapidly followed by effusion into the cavity of the peritoneum. In the chronic variety the mode of invasion varies widely; in one class of cases the patient labors under diarrhœa for a considerable time with or without pain; the appetite is pretty good, the temperature natural, and the pulse quiet; but at length—it may be weeks or months—complaints are made of a sensation of pricking, or of paroxysms of pain and a feeling of tightness in the abdomen, which, upon examination, is found to be more or less swollen. In other cases there is a certain amount of pain from the beginning, occurring in paroxysms with perfect intervals, and though at first limited to one part of the abdomen, yet by degrees spreading over and occupying the whole; or again, there may not be any complaint of pain, merely a feeling of distension, with variable appetite, irregular bowels, and progressive emaciation. In many cases, indeed, the early symptoms are so slight that no attention is paid to them until the emaciated appearance of the patient excites alarm. The abdomen, on examination, is probably found tumid, and in some degree tender in parts. Dr. Gregory states that tenderness on pressure is probably felt from the commencement. As the disease advances, the patient complains of pain occurring in paroxysms, beginning in some one part of the abdomen, and gradually spreading over the entire, and increasing in frequency and in severity according to the duration of the disease. This state is accompanied by a certain amount of tenderness on pressure, and more or less uneasiness in walking or even standing erect. This is followed by a feeling of distension and enlargement of the abdomen, with fluctuation more or less evident on careful percussion. The enlargement of the abdomen is not always equable; in some cases, especially in the commencement, the umbilical region protrudes. As the effusion increases, the entire abdomen enlarges, loses its softness, and becomes tense and hard, though occasionally unequally so, and its integuments hot and dry. In some rare cases the intestinal canal preserves its integrity for a long time; the tongue is pretty clean, the appetite much as usual, the bowels

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* This is the disease well known to the French pathologists under the name of *tubercular* peritonitis, and which led Dr. Hennis Green to give the name of *tubercular* meningitis to the analogous affection of the brain in children.—Eds.

RETROSPECT OF THE MEDICAL SCIENCES.

FUNGOID DISEASE OF THE TESTICLE AND CHORD, RESEMBLING AN OMENTAL HERNIA.

The patient had been since his birth the subject of rupture on the left side, which was always reducible. Had not worn a truss until he was seventeen or eighteen, and then only for a few months, but had recently resumed it. A few days prior to his admission into the hospital he had discontinued the use of the truss, and during violent exercise by pumping, the hernia descended, and could not be returned. He had no symptoms; the taxis had been used in vain. When admitted, there was a solid tumor on the left side, extending apparently from the external ring into the scrotum, and terminating in the perineum; the integuments covering it were tense, but not discolored; the bowels had not acted since the descent; the testicle on that side could not be detected. A post-mortem examination revealed the following appearances:—A portion of the omentum had a thickened, puckered appearance, as if it had at one time been contained in a hernial sac. From the internal ring a pouch descended about half way towards the external ring, where it terminated in a blind extremity, formed by adhesions of the sides, which did not appear to be of recent date. These adhesions, which gave the bottom of the pouch a puckered appearance, seemed to have separated the peritoneal cavity from the tunica vaginalis, and, in fact, to have closed up the mouth of what formerly appeared to have been a congenital hernia. A small passage existed between the bands of adhesion, through which a probe could be passed from the abdomen into the fungoid granulations below. On tracing the chord through the canal into the irregular diseased mass which occupied the scrotum, it appeared to terminate in a body which, from its shape, had probably been the testicle, but of whose original structure not a trace remained, it being converted into a pulpy, soft, fungoid structure, blending in with, and inseparable from, the surrounding mass of irregular fungoid growth. This diseased mass, which involved the testes, chord, tunica vaginalis, and scrotum, had extended upwards a slight distance into the inguinal canal, and was girt round, indented, and compressed, by the margin of the external ring. The chord above was perfectly healthy, and there was not a trace of disease in the pelvic or lumbar absorbent glands.—*Guy's Hospital Reports*, April, 1843.

NEW CAUSTIC.

M. Payan, senior surgeon to the Hôtel-Dieu of Aix, speaks favorably of a new caustic paste made with the sulphate of copper. A sufficient quantity of the sulphate, reduced to powder, is mixed up with the yolk of an egg, so as to form a soft paste of a deep green color. It is applied on a piece of lint, and when removed does not leave behind it the loss of substance, or unsightly scars, which commonly follow the use of other escharotics. In illustration of the efficacy of this remedy, M. Payan relates the case of a soldier, affected with malignant pustule of the cheek. A circular piece of diachylon was placed on the cheek, and a hole, about the size of a two-shilling piece, cut in its centre; through this the caustic was applied on a bit of lint. For five or six hours the patient experienced some degree of pain, but this was not very severe, and subsided; the caustic was removed at the expiration of ten hours, when the surface of the pustule presented a blackish grey color; the adjacent parts were somewhat swollen and red. The local inflammation being thus modified, the eschar was allowed to come away of itself, and at the end of three weeks the wound was completely cicatrised, with scarcely any mark, save a very slight depression in the centre. M. Payan concludes that this caustic might be advantageously employed in certain cases of lupus; but it does not appear that he speaks from actual experience of its efficacy in this disease.—*Bul. de Therap.*, December 1842.

ERECTILE TUMOR CURED BY VACCINATION.

A child, thirteen months old (not vaccinated), had a small erectile tumor over the left eyebrow. M. Pigeaux inserted nine points of vaccine matter over its whole surface. The vaccine eruption was confluent on the tumor, but followed its usual course; on the 25th day the scabs fell off, and nine-tenths of the tumor had disappeared. The surface of the tumor was now powdered with alum, and the scab was removed every four or five days, to permit a fresh application of the powder. At the end of three weeks the whole of the erectile tissue was destroyed; the bottom of the wound threw up healthy granulations, and in seven weeks it was completely healed. For the success of an operation of this kind it is necessary that the points of insertion be sufficiently numerous to produce a confluent pock; and should any portion of erectile tissue remain, after the removal of the scabs, it must be destroyed by some caustic like the powdered alum.—*Ibid.*

GANGRENE.

Mr. Stafford, in an article on Mortification, published in the "Medical Gazette," says he has seen within the last few years a description of gangrene, which does not appear to be common. It breaks out in patches on different parts of the body, and more particularly on the lower extremities, the places being perhaps about the size of the palm of the hand. The part at first is extremely hard, and its circumference is well defined, feeling almost like a foreign body introduced into the cellular structure. There is a slight red blush at first upon it, and the part is somewhat elevated, but it does not appear to be attended with great pain. The redness of the skin increases, and it becomes of a deep purplish blush. In a few days the whole mass which was hard becomes a slough, resembling a rotten pear, being shreddy and pulpy, and of a dirty brown or yellow color. The slough is gradually separated from the living part, and a deep rocky irregular sore is left, with indurated edges. It generally happens that these patches of gangrene occur in more than one spot at a time, and they go on breaking out one after another for a continuance; and while one ulcer made by it heals, another spot makes its appearance. It is evident that this disease, like carbuncle, arises from a lowered state of constitution.

TANNIN, AN ANTIDOTE TO POISONOUS MUSHROOMS.

According to Chausarel, the application of vinegar in cases of poisoning by mushrooms is inadvisable, because the active principles of these plants are dissolved by it, and the parts, already inflamed by the action of the poison, are thereby still more irritated. The application of salt and æther is attended with the same disadvantage; and tartarised antimony also can only be of use, provided the poison has not been already absorbed. Tannin, however, which forms with many vegetable poisons an insoluble combination, is likewise an antidote for poisonous mushrooms; and Chausarel observed the best effects in several cases of poisoning by mushrooms from the administration of a weak decoction of gall-nuts (one ounce of gall-nuts to one measure of water and a sufficient quantity of mucilage), or of a solution of tannin (pure tannin from thirty-six to forty grains in one measure of water).—*Wackenrod. Arch. de Ph.—Annals of Chemistry*, March, 1843.

THE PHOSPHATIC DIATHESIS.

The state called by Dr. Prout the phosphatic diathesis, and which he has so graphically described, has been considered as a result of cachexia, its essence to consist in a super-secretion of the urinary phosphates, and its treatment in the regulation of diet, the exhibition of opium, and the encouragement of hope. Dr. Aldridge, in his notes on urinary diseases, considers, however, that in place of there being an increased secretion of the phosphates in this disease, the quantity of these salts in the urine is for the most part diminished, and he judges from the results of a series of experiments instituted by him in 1839, which were conducted on the principle that the proportion of phosphates must be regulated by that of the phosphoric acid, the quantity of which was estimated by the following process:—by precipitating the sulphuric and phosphoric acids from four ounces of each specimen of urine, by nitrate of barytes, collecting the precipitated phosphate and sulphate, separating the phosphate by dilute nitric acid, and then neutralising and throwing down the phosphoric acid by acetate of lead. As the result of the experiments thus conducted, it was ascertained that instead of being increased, the quantity of phosphates in the urine is actually generally diminished in the so called phosphatic diathesis. The essential character of this kind of urine Dr. Aldridge believes to be not an excess of phosphates, but an alkaline, neutral, or feebly acid condition; the cause of its tendency to alkalinity depending upon an existing subacute or chronic nephritis.

Still there may be cases occurring in which an increased quantity of the phosphates may be present, such as old diseases of the bladder, long continued catarrh, fungoid growths, &c., but in these instances, Dr. Aldridge believes the super-quantity of the phosphates to be secreted by the lining membrane of the viscus itself. He has also seen cases where crystals of the neutral ammoniaco-magnesian phosphate were deposited in considerable abundance from an acid urine, and he instances the case of a ricketty boy with fractured thigh in whom this occurred. The fracture took long to reunite.—*Dublin Med. Journ.*, March, 1843.

TAPPING THE BRAIN.

Dr. Woodroffe, of the Louth Infirmary, Cork, was consulted respecting a boy, sixteen months old, presenting symptoms of hydrencephalus. The case being far advanced, the operation of tapping the brain was performed as follows:—The integuments having been divided with a lancet, a trocar was introduced about three-quarters of an inch external to the mesial line, near the junction of the edge of the fontanelle with the margin of the parietal bone. The instrument being inclined a little inwards, it was directed into the lateral ventricle of the right side; no sooner was the stylet withdrawn than the fluid flowed out freely through the canula. The quantity drawn off amounted to eleven ounces. After the discharge of so large a quantity of fluid, the head lost its tension and globular form, and became so flaccid as to allow the remaining quantity of water to gravitate backwards, giving the head a very elongated appearance. Severe symptoms set in for a short time, but were removed by appropriate treatment. The operation was repeated on the left side four weeks afterwards. The child continued to improve for the next week, after which time it became uneasy and restless, and died in convulsions. On inquiry, this state of irritation was found to be owing to the mother having given the child wine for several days prior to the fatal change, hoping "to hasten the cure."

On examining the head after death, the different places where the ossific matter was wanting were filled up by a membrane, which was almost entirely converted into bone. The sutures were greatly closed in, being not more than the eighth of an inch apart. All the parts within the lateral ventricles appeared in a healthy state; there was not any softening of the structure of the brain whatever, no over-gorged condition of the vessels, nor increase in vascularity.—*Ibid.*

LEUCORRHŒA CURED BY IODINE.

M. Ch. Van Steenkiste has published the details of two cases of leucorrhœa treated with iodine injections, in the "Annales de la Société Medico-Chirurgicale de Bruges." The first case in which he tried it was that of a sempstress, twenty-two years of age, of a scrofulous constitution, who had labored under leucorrhœa three years. The discharge was thick and abundant, and of a milky or slightly yellow color. The patient presented all the symptoms of anæmia; the mucous membrane of the vagina was very pale, the cervix uteri red and tumefied. The genitals were excoriated. An injection, containing four scruples of iodine, sixty of alcohol at 25°, and 125 of common water was ordered for her, of which about thirty scruples were thrown up into the vagina. Heat and irritation were immediately experienced in the parts, and the discharge ceased entirely for three hours, returning then in larger quantity than ever, accompanied for a few minutes with very severe pain in the genitals, headache, and general spasms. These symptoms soon disappeared, and the discharge did not again return till the next day, when the same quantity of iodine was injected, less severe symptoms following its use. The catamenial secretion, which had been absent seven months, appeared towards evening, and continued for three consecutive days, unaccompanied by any other discharge. On its cessation, the leucorrhœa again showed itself, but less in quantity than before. M. Steenkiste, desirous of retaining the iodine more in contact with the vaginal mucous membrane than it had been previously, introduced a speculum, with the assistance of which he filled the vagina with five pieces of charpie, soaked with the iodine, and left them there, intending to remove them in an hour's time. Four of these pledgets were expelled by pains which came on in the interval, and when the surgeon sought to withdraw the fifth he could not introduce the speculum, the vagina was so contracted. The cure thus induced has been permanent, and the catamenia have again appeared. The second case was equally satisfactory.

CANTHO-PLASTIE.

Under this title Dr. Ammon, of Dresden, describes an operation he has practised by the transplantation of the conjunctiva of the eyeball to the external angle of the palpebræ, in order to establish the normal dimensions of the external canthus, when it is too small, either from malformation or disease. The former of these contractions he calls phymosis of the palpebræ, or congenital blepharophymosis, the term phymosis signifying any contraction of the orifice of an excretory canal, while he designates the acquired variety blepharostenosis.

In some cases the palpebral fissure is really too small; it may be sufficient to allow of the movements of the cornea, and even to permit some part of the sclerotica to be seen; but the patient cannot open the eyes widely, nor can the internal surface of the lower eyelid be seen, for, as soon as it is attempted, pain and a dragging sensation are experienced at the external angle. The slightest palpebral inflammation induces spasm of the orbicularis, which soon becomes habitual, and may cause entropion with all its annoying consequences, together with ulceration of the external canthus, which secretes a puriform matter, and bleeds when the lids are separated.

A case of this kind is narrated by Ammon, in which he operated successfully. A girl, sixteen years of age, affected with ophthalmia, and spasm of the lids from infancy, which had induced well-marked entropion of each eye, together with thickening and opacity of the corneal conjunctiva, had that membrane transplanted from the two sides to the external canthus, whence resulted the widening of the palpebral fissure, the cessation of the orbicular spasm, and the removal of the principal cause of the ophthalmia—viz., the severe compression exerted on the globe of the eye. The operation was not easily performed, because the spasm of the eyelids impeded the enlarging the external angle by the incision of the integument, but as soon as that was effected it was easy to draw the conjunctiva of the eye into the enlarged angle, and fix it there. Union took place in a few days, and the canthus was well-formed on either side. A fortnight afterwards a fold of skin was removed from each eyelid, for the cure of the entropion, which was also effected, and by the use of proper treatment the thickening and opacity of the corneal conjunctiva were gradually got rid of.—*Annales de Chirurgie*, January, 1843.

CRUSHING OF THE OS CALCIS.

M. Malgaigne has published three cases of fracture of the os calcis, with crushing of the bone *(fracture par écrasement)*, which occurred in his practice at the Bicêtre. The first was that of a man, sixty years of age, who fell on his feet from a considerable height. He got up directly, and was able to walk, but lamely. He was admitted into the hospital several days afterwards, when the right leg and foot were very much swollen, and it was almost impossible to form a precise diagnosis. The injury was supposed to be a dislocation, with fracture of the fibula. The patient dying from cerebral disease while under treatment for the fracture, the limb was examined, when both bones of the leg, as well as the astragalus, were found to be uninjured. The os calcis alone was fractured; it was separated by a horizontal fracture into two halves, lying upon each other, the upper one being driven, especially anteriorly, into the spongy tissue of the lower portion to the depth of two or three lines. The upper fragment was also broken lengthways, the two pieces being separated to the extent of two or three lines, the space filled up by coagulated blood. The second case presented the symptoms of this injury, but its actual occurrence could not be proved, as the patient survived. The third instance was that of a madman, forty-five years of age, who sprang from a height of seven or eight yards, alighting on his heels. The man died forty-eight days after the accident, from disease totally unconnected with the fractures, and on examination the ossa calcis were ascertained to have been crushed from above downwards, the pieces being driven in upon each other, and the transverse diameter of the bones being greatly enlarged, chiefly on the inner side.

The symptoms of fracture of the os calcis by crushing are an intense pain, sufficiently severe to prevent walking, and tumefaction of the ankle around the malleoli and part of the back and sole of the foot, so completely masking the deformity of the foot, and being so much greater around the malleolus externus as to draw the surgeon's attention principally to that part. But the swelling is soft and compressible over the malleoli, as it is on the dorsum of the foot, whilst under the internal malleolus, by pressure can be distinguished an abnormal osseous projection, caused by the inner and upper fragment of the broken bone. Ecchymosis shows itself in a few days, and gradually increases; it may reach a third up the leg, but is principally situated below the malleoli, which are also the parts most painful on pressure. The principal characteristic deformities are the increased width of the os calcis, evident to an educated eye, but especially to the touch, below the internal malleolus, and the sinking in of the arch of the foot, always recognisable by the hand when the swollen, soft parts of the dorsum are pressed down, and sometimes discoverable by the eye. Crepitus is obscure; the best mode to procure it is to grasp the heel with one hand, while with the other the foot is moved to and fro in a lateral direction.

This fracture may be mistaken for a fracture of the fibula without displacement, but complicated with dislocation. The error may be avoided by ascertaining correctly the seat of pain on pressure, by obtaining crepitus by the means indicated, and more especially by the inner projection of the os calcis, and the sinking in of the pedal arch. Even after the fracture of the os calcis has been recognised, it is possible to be deceived by the appearance of the tumefaction, and to suspect the presence of complications which do not exist, such as fractures of the malleoli or astragalus; in such a case it is better not to give a decided opinion until the swelling has been considerably diminished.

The next questions are, should there be made any attempts at reduction?—should it be attempted by direct traction of the foot to restore its proper height to the crushed bone? Upon this point M. Malgaigne is still in doubt, but would rather not do anything except prevent any deviation of the foot inwards or outwards, by the application of an apparatus, on account of the slowness and want of energy with which the process of consolidation is carried on, and because there is not any provisional callus thrown out.

Boyer, speaking of fracture of the os calcis, describes only that which is the result of muscular contraction, and which, according to Malgaigne, is exceedingly rare, the more frequent cause being a fall from a height direct upon the feet, the os calcis supporting the entire effect, and being crushed when the bones of the leg and astragalus are uninjured.—*Journal de Chirurgie*, January, 1843.

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. CULLEN, M.D.

March, 1843.

Mean of External Thermometer at 9, a.m.	45·40
" " " at 9, p.m.	40·75
Maxima	50·15
Minima	36·52
Mean daily Range	12·57
Absolute Range—Highest	56·25
" " Lowest	26·
" " Range	30·25
Mean of Barometer at 9, a.m.	29·829
" " at 9, p.m.	29·616
Dew Point at 9, a.m.	39·8
" at 9, p.m.	36·3
Number of Days on which any Rain fell	12·

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
—	10	—	12	2	4	1	2

SPERMATOZOA WITHIN THE MAMMIFEROUS OVUM.

Dr. Martin Barry states that he has again detected the presence of spermatozoa in the ova taken from the Fallopian tube of a rabbit within a few hours after coitus.

MEDICAL APPOINTMENTS.

Dr. Richard Budd, of Barnstaple, a brother of Dr. Budd, of King's College, has just been elected physician to the North Devon Infirmary, in the room of Dr. Britton, resigned.

Mr. Wallis has been elected one of the surgeons to the Hull General Infirmary, vice Mr. Cooper, retired.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Wednesday, April 12, 1843.

T. Morris, J. Kilner, J. Machen, J. Stevens, A. Eccles, A. W. Williams, J. Whitteron, H. H. Radcliffe, T. P. Bowen.

APOTHECARIES' HALL.

Licentiates admitted Thursday, March 30, 1843.

Arthur Taylor, Nether Crawley, Linton; Smetham Lee, Sunderland; Thomas Cattell, Braunston, Northamptonshire; George Paul Atkinson, Wakefield.

Thursday, April 13, 1843.

A. Lloyd; T. B. Stone, Leighton Buzzard; E. H. Peters, Fairford; E. Jones, Dolgelley; R. Brown, Cobham; H. Callaway, Tottenham; T. Graham, Pinner, Middlesex; R. Worsley, Blandford; B. V. Asbury; T. H. Baker, Kirkby-de-la-Parks; T. B. Oldfield, Warley, Yorkshire; J. A. Carr.

Thursday, April 20, 1843.

George Taylor, Derby; George Dincock, Sussex; Thomas Young, South Shields; Edward John Newcomb, Kidderminster; Henry Hodgson Parrott, Yorkshire; Russell Augustus Lafargue, Yorkshire; Robert Whitfeld, Biddenden; Samuel Fenwick, Newcastle.

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TO CORRESPONDENTS.

Communications have been received from *Mr. Alfred Hamilton* and *Mr. Butler Lane.*

We have availed ourselves of *Mr. Crosse's* communication.

The *Eastern Counties Herald* and the *Chester Courant* have been received, but we have not been able to discover any medical news in the latter paper. We take this opportunity of again saying that we shall thankfully receive any newspaper containing local information which might not otherwise reach us.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS TO DR. HENNIS GREEN, 58, MARGARET STREET,
CAVENDISH SQUARE, LONDON.

Printed by SAMUEL TAYLOR, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand
and Published by HENRY RENSHAW at his residence, No. 356, Strand.—Saturday, April 22, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 135.] LONDON, SATURDAY, APRIL 29, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CLINICAL LECTURES

DELIVERED AT

UNIVERSITY COLLEGE HOSPITAL.

By John Taylor, M.D.,

Professor of Clinical Medicine and Physician to the Hospital.

LECTURE II.

Anasarca—Albuminaria—Morbus cordis—Pleuritis—Pneumonia—Epilepsy—Phthisis—Symptoms characterising dropsy from Bright's disease—Secondary inflammations unattended by active symptoms—Epilepsy accompanied by dulness of intellect and irritability of temper, another effect of Bright's disease—Urea found in large quantity in the blood—Causes—Treatment—Cure of the dropsy—Sudden disappearance of friction sound—Diminution of the quantity of urea in the blood, and removal of the head symptoms.

Samuel Bishop, aged seventeen, admitted Tuesday, January 17, 1843, under Dr. Taylor; a travelling case maker, of stout conformation, pale complexion, and phlegmatic temperament, single, of rather irregular habits, getting drunk occasionally; lives generally pretty well, resides in an open, dry situation; parents living in good health, and liable to no particular disease. Patient states that he is generally tolerably strong. Six weeks ago was attacked with severe pain in the right side, for which he was bled to syncope, afterwards blistered and salivated. He ascribes the pain to a severe blow which he received on the side from the handle of a truck; the pain came on in lancinating stitches. When the gums became less sore he went out to see his medical attendant; a week afterwards his mother observed that he became very drowsy, and the dropsy, which had previously shown itself in the face and eyelids, increased and continued to become aggravated up to the time of his admission into the hospital. Has been the subject of syphilis, for which he was treated by mercury and cured.

Present Symptoms.—Skin is rather above the natural temperature; has very little swelling of the legs and thighs; little swelling of scrotum; abdomen slightly œdematous as well as the back and loins; considerable œdematous swelling of the face and upper and anterior part of the chest; expression of countenance exceedingly dull; intellect very obscure, so as to be unable to give correct answers; face and general surface very pale; breathing rather oppressed; has some cough.

Physical Signs.—Distinct double friction sound on the lateral and anterior portion of right side below the nipple; above this the respiration is nearly healthy; some sonorous ronchus on left side; left lung behind: double friction sound over the lower two-thirds, and feeble respiration; the lower half of the right side behind yields a rather duller sound on percussion than the left; no pain of the right side on coughing; no ægophony; vocal vibration stronger on right side posteriorly; heart's impulse too strong, felt over too large a surface; distinct bellows murmur with the first sound heard at the apex only; pulse 88, rather sharp, moderately full; bowels open; tongue not much coated; appetite not very good; no thirst; urine of specific gravity 1010, acid, pale, and albuminous, depositing on heating a fourth of its bulk of albumen.

Powdered jalap, a scruple;
Bitartrate of potass, three drachms;
Powdered ginger, five grains. Mix. A powder to be taken every morning.

To be cupped beneath the right scapula to eight ounces; middle diet.

January 20. Urine unaltered, of specific gravity, 1012; the friction sound very distinct at 11, a. m., but has now (2, p. m.), quite disappeared, as has also the vibratory motion given to the thoracic walls; bowels opened three or four times daily, stools watery; from three ounces of serum of blood obtained by cupping, Mr. Garrod obtained a considerable quantity of urea, in the proportion of one grain and a half to the ounce, or three grains of the nitrate of urea to the ounce.

23. Intellect much more acute; face less swelled; less swelling of the body; medicine purged him freely.

25. Hears more sharply; right side behind duller than the left; no friction sound.

27. Urine acid, more albuminous than it was, specific gravity 1010, of a pale pink color; three pints passed during the last twenty-four hours.

30. Has some headache; intellect clearer; the powder purges him freely.

February 1. Had two fits last night, which seized him on attempting to get out of bed, and caused him to stagger halfway down the ward, when he fell. He could answer questions, and complained of much giddiness and weight in the head; when he returned to his bed he quietly fell asleep. At one time he was quite insensible for about five minutes, and foamed a good deal at the mouth. The aspect of the countenance is very stupid, quite pale, and the surface of the body cool; speaks very indistinctly, as though the tongue were too large for the mouth. States that before his admission into the hospital, and within the last two months, he had one or two fits, he cannot say which, similar to those that attacked him last night. His parents, however, give a different statement; they affirm that he never had fits, but about two months before his admission his temper and manner were much altered; he would, though but the moment before quite tranquil, suddenly attempt to bite and scratch those about him. This paroxysm of irritability would last but a few minutes, and all was quietness again. His memory appeared to fail from this time; tongue furred and indented; bowels relieved three times daily.

3. Feels a good deal better; no pain in the side, and no cough; has had no more fits. Expiration

louder under the right clavicle; inspiration more feeble; there is dulness under the right clavicle and also behind; urine albuminous.

6. Is better; the general aspect of the countenance is more lively, and the articulation clear; there is no swelling of the legs; tongue coated; bowels relieved four or five times daily; no pain in the loins; there is some dulness behind on the right side. To be cupped to six ounces over the region of the kidneys. Urine of specific gravity 1009; there is a good deal of albumen, but rather less than there has been.

8. Still a small amount of dulness on the right side behind; urine specific gravity 1010, five pints and a half made in the last twenty-four hours; the quantity of urea in the serum of the blood is less than before—one grain to the ounce, and two grains of the nitrate to the one ounce of serum.

13. No swelling of the legs; the quantity of urine made in the last four-and-twenty hours five pints and a half, and the quantity of albumen appears rather increased. Omit the powder of jalap and bitartrate of potass; take tincture of cantharidis, fifteen minims, in an ounce and a half of peppermint water, three times a day.

15. Since the alteration in the medicine the quantity of urine is rather increased; appetite and general health are still good; sleeps well.

18. The specific gravity of the urine 1012; quantity not quite five pints; feels stronger every day; bowels open; pulse 88; much thirst.

20. Feels much the same. Let him have every night a hot air bath; omit the tincture of cantharidis.

21. This morning the urine is rather diminished in quantity, being but four pints and a half; bowels are always open once a day, and sometimes twice; specific gravity of urine, both before and after the bath, nearly the same, 1012.

22. Quantity made in the last twenty-four hours is four pints; the specific gravity of that made this morning 1012.

24. Quantity of urine this morning is five pints; specific gravity 1012.

25. Four pints this morning; specific gravity 1016, before the bath of this morning 1012; that made in the morning contains more albumen than that passed at night.

27. Specific gravity of urine passed last night 1015; of that passed this morning 1010; the quantity of albumen is much the same, but less than it was at first; quantity made is four pints; he perspired freely last night; the lower part of the right side is duller than the left, but not so much so as formerly; respiration of the right posterior surface is audible to the bottom of the chest, feeble on the right lateral surface; the right appears duller beneath the clavicle on percussion; both inspiration and expiration are strongly bronchial towards the right shoulder; the vocal vibration is stronger under the right than under the left clavicle.

March 2. Specific gravity of urine 1014; quantity four pints; the deafness of which he complained a short time ago is much the same.

3. Albumen in the urine is rather less; his appearance and intellect are much better; towards the sternal end of the clavicles the right is duller; above the clavicle there is no difference, but the sound is too dull above both; the right supra spinous fossa is duller than the left.

6. Specific gravity of urine passed last night 1015; that passed this morning 1013; both acid; the quantity is four pints; they both contain an equal quantity of albumen; that passed last night is higher colored than that passed this morning; pulse 104; does not complain of anything; the bath does not make him sweat much, and it is to be changed for a *vapor bath* every night.

7. Perspired very freely last night in the bath; specific gravity of urine this morning 1012; before the bath 1014; albumen is not diminished.

8. He thinks the bath has diminished the swelling of the face; the quantity of albumen is the same, though the quantity of water made is less—three and a half pints.

9. Specific gravity of the urine before the bath was 1015; since, 1012; quantity continues less, three and a half pints; both acid; feels very well and in good spirits. For some time past the aspect of countenance has been much improved, looking clearer and more healthy, and indicative of much more intelligence.

CLINICAL REMARKS.

Symptoms and Diagnosis.—Although there was very little œdema in this case, it was quite obvious that the patient was suffering from dropsy, which made its appearance in the face after exposure to cold whilst under the influence of mercury. This puffiness of the face is frequently the only sign of dropsy, and being unattended with pitting on pressure is often evident to the friends of the patient and those who are in the habit of seeing him before it is recognised by the medical man. There were, besides, some chest symptoms, slight cough, and dyspnœa. There was a distinct friction sound heard on the lateral and anterior portion of the right side, at the back part a double friction sound, also on the right side. In the left lung, sonorous and sibilant ronchi indicated the presence of bronchitis. The impulse of the heart was increased; it was felt over too large a surface, and there was a bellows murmur heard at the apex.

What was the cause of the anasarca in this case? The following circumstances made it appear evident that it arose from Bright's disease. The urine was *pale*, its specific gravity *low*, 1010, and it contained one fourth of its bulk of albumen, and the albumen was *constantly* present. Albumen is often found in the urine, temporarily, in many cases, but it is this *constant* presence of it which enables us to say that the acute form of Bright's disease exists. The face, also, as well as the general surface of the body, was very pale; this is another symptom of this form of renal disease.

He had also disease of the heart and lungs; but this did not give rise to the dropsy, which was recent, whereas the disease of the heart was of long standing, and there were no signs of obstructed circulation—as great dyspnœa, lividity of the lips, which we find in cases of dropsy from disease of the lungs and heart. The dropsy also was not limited to the most depending parts, but affected all equally, as much the face as other parts. In the absence, therefore, of any other adequate cause of the dropsy, these circumstances lead us to ascribe it to Bright's disease. With respect to the heart, the strong impulse indicated hypertrophy; and that this was accompanied with dilatation, was evident from the extent over which the impulse could be felt, and also from the well known fact that simple hypertrophy is a very uncommon affection; the murmur accompanying the first sound, and heard at the apex, indicated regurgitant disease of the mitral valve. The disease of the heart appeared of some duration, whilst that of the lungs was probably recent, and of an inflammatory nature; whilst bronchitis existed in the left lung, in the right lung there was another disease. The double friction sound heard over the lower two-thirds of the chest, behind and below the nipple in front, proved the existence of pleurisy on the right side; but there was no pain of the chest, no œgophony, nor any sign of serous effusion, which would, of course, have prevented any friction sound. We found also bronchial respiration towards the right shoulder, and the vesicular respiration feeble in the lower part of the chest behind. These signs, with dulness on percussion, and increased strength of the vocal vibration, showed condensation of the lower part of the lung, which appeared most likely to have been caused by pneumonia. This might have arisen from the blow which the patient stated he had received, but the account and dates given by him could not be depended upon; it appeared more probable that it was a consequence of the disease of the kidneys, of which we know pneumonia is not an uncommon effect.

Now, although there was well-marked pleuro-pneumonia, yet there was almost no cough, no pain in the chest, no crepitation, the pulse was only 88, no expectoration is mentioned, and the skin was not hotter than natural, so that there appeared to be two secondary inflammations, the result of Bright's disease unattended by active symptoms.

In addition, there was another secondary affection, and this makes the case one of peculiar interest. The patient's intellect was remarkably dull; this appeared to me at first to be natural stupidity, but there was a degree of stupor, as well as some deafness; he could be roused, which a naturally stupid person could not. We learned also that he was not so formerly; hence we came to the conclusion that this was another effect of the disease of the kidneys, generally supposed to depend on the poisonous influence of urea contained in the blood. Afterwards other head symptoms made their appearance. According to the report on the 31st of May, he fell down, foamed at the mouth, and was for about five minutes insensible; he then quietly fell asleep. The next day the face appeared quite pale, and the surface cool. According to his own statement, he had had one or two fits just before his admission of a similar kind; but his parents state that he had no fits, but great irritability of temper; from being quite tranquil, he became suddenly so violent as to attempt to bite and scratch every one near him. As this did not appear to be his natural character, there was every reason to suppose it arose from his illness. There could be no doubt that this was epilepsy; there was insensibility after the fit, and all the usual characters of this disease. Before the fit took place, the serum of the blood had been analysed, and found to contain a considerable quantity of urea; each ounce of serum contained one grain and a half of urea, or three grains of the nitrate of urea. This was the cause to which the symptoms were to be ascribed, and it was proved to be a *vera causa* really present, whether the true cause or not.

Here, therefore, is a series of effects referable to the head:—1, Change of temper; 2, dulness of intellect, a degree of drowsiness and stupor, and dilatation of pupils; 3, epileptic fits; all these effects caused by the disease of the kidneys, and have been described by writers on this affection, and all are mentioned by Rayer in his elaborate and detailed account of the disease.

On the 6th of February he was cupped again, after the head symptoms had diminished, and the aspect of the countenance improved. The blood was then found on examination to contain a smaller quantity of urea, each ounce of serum yielding only two grains of the nitrate, or one grain of urea. The blood, therefore, still contained the poison, but probably in too small a dose to produce the symptoms; and we know that the blood always contains urea, but in so small a quantity as to produce no ill effects. This agrees with what is observed with regard to other agents, and by no means proves that the urea in the blood was not the cause of the symptoms.

Causes.—It was evident from his appearance that he was scrofulous; his habits also were very irregular, being accustomed to drink to excess, and both these are commonly put down as causes of Bright's disease. He had been affected with syphilis, for which he had taken mercury; this, also, would render him liable to this disease. Again, we have just learned that he had small-pox about four years ago, which might *possibly* have led to the same result, as we know to be the case in another eruptive disease—scarlet fever.

Treatment.—The first object of the treatment was to remove the anasarca. This was attempted by purging him with jalap and bitartrate of potash, and he was cupped beneath the scapula, on account of the inflammation of the lung. Three days after his admission, under this treatment, we find, on the 20th of January, that the friction sound suddenly ceased to be heard. It was very distinct at eleven, a.m., but at two, p.m., had quite disappeared. Since that time other symptoms were observed calculated to excite suspicion of phthisis. There was dulness on percussion under the right clavicle; the sound was too dull above both clavicles, and the right supra spinous fossa was duller than the left; inspiration was feeble beneath the right clavicle, and both expiration and inspiration were strongly bronchial towards the right shoulder.

These are the earliest signs of tubercular deposit; still the presence of phthisis in this case is not a matter of certainty, the signs proving only a degree of condensation of the lung; and in this case there has been chronic pleurisy, which would give rise to these signs, and I have known them frequently occasioned by this cause; but, bearing in mind that scrofula, Bright's disease, and tubercle, so often exist together, we cannot but suspect that to the latter the physical signs are to be ascribed.

In consequence of the treatment adopted the dropsy soon disappeared, his countenance became more lively, and the signs of inflammation and of condensation of the *lower* part of the lung diminished gradually; the quantity of urea also in the blood, as I have stated, at the same time diminished. He has been kept in the hospital for some time, to see if we could find any difference in the urine. The tinctura cantharidis was tried for a short time, without any alteration; he was then ordered a warm bath, and after a time a vapor bath was substituted, which he is now using, and which causes him to sweat more than the warm bath did; still there is no difference in the quantity of albumen found in the urine. Finding no improvement in this respect, I have been induced to try opium, thinking it might lessen the quantity of albumen, as it lessens the quantity of urea, or the phosphates, or of the urine itself, as in diabetes.

Although the urine still remains unaltered, the appearance of the patient has lost the dull character which was so striking when he was admitted; his intellect also is much improved. This is what we usually see in these cases; the secondary disease and dropsy diminish, but the ultimate result is the same, the patient dying sooner or later.

Since the delivery of the lecture on this case, a great improvement has taken place in the condition of the urine, which, instead of one-fourth of its bulk of albumen, contains only 5 per cent. The serum of the blood also yields much less urea, the proportion being half a grain to one ounce of serum, instead of one grain and a half. This favorable change appears to have been observed whilst he was taking opium and using the vapor bath.

Anasarca—Albuminaria—Bright's disease(?)—Diagnosis between anasarca phlogistica and dropsy from renal disease—Causes of the dropsy—Treatment—Quick removal of the dropsy, and disappearance of albumen from the urine.

William Russell, aged twenty-three, admitted December 7, 1842, under Dr. Taylor. He followed the occupation of a blacksmith till he attained his seventeenth or eighteenth year; since, he has had only occasional employment as a gardener, but has been out of a situation for the last twelve months, and so has suffered privations. No hereditary predisposition to disease exists in his family. Three years ago he got an ague, which lasted for two years; this was first of the tertian, but, at last, was changed into the quartan type. He took, during the greater part of the time, bitter medicines. He has had no other disease, and has not been accustomed to drink.

Present Attack.—A fortnight since he took cold, accompanied by cough; a week after this his feet and legs, scrotum and penis, became œdematous. He ascribes the cough and cold to his having got wet feet, without changing his shoes and stockings. Two days back his abdomen, also his face, became swelled; the walls of the chest and abdomen are œdematous, and the abdomen is hard and swollen; the cellular tissue of the genital organs is much distended; the liver does not seem enlarged; there is no tenderness in the region of the liver; the legs and feet are swelled, and pit on pressure. He complains of a shooting, burning pain in the legs; the face is considerably swelled, but the eyelids are scarcely œdematous; no pain in the head, but feels giddy at times, as, for instance, when sitting up; tongue is furred, but moist; appetite good; no sickness; bowels have not been open for two days; the cough which he first got still continues. On Saturday and Sunday last he spat a little blood, enough to tinge the expectoration, which was not abundant; the expectoration now is not colored; it consists of transparent mucus; some dyspnœa came on with the expectoration of blood; this difficulty of breathing has not left him, but prevents him from sleeping well at night; respiratory murmur is feebler than natural, and very soft; pulse 60, small, and weak; he makes only a small quantity of urine of a lemon yellow color; the urine is acid, albuminous, and of specific gravity 1024.

Dec. 28. He was ordered—

Powdered jalap, two scruples;
Bitartrate of potass, one drachm;
Powdered ginger, five grains. A powder to be taken directly, and repeated at night, if necessary. Middle diet.

29. He has taken both powders, and has had three or four watery stools. The swelling of the genital organs, also that of the legs and feet, is much diminished; urine of specific gravity 1030; it deposits albumen by heat and nitric acid, and becomes very red.

30. The cellular tissue of the scrotum and penis is much distended to-day; pulse 68, rather full; respiratory murmur is prolonged and soft; the voice is resonant in the lower part of the chest posteriorly; urine not albuminous; of specific gravity 1026; sounds of the heart are healthy. To be cupped over the region of the kidneys to twelve ounces.

Acetate of potash, two scruples;
Tincture of squills, half a drachm;
Tincture of digitalis, ten minims;
Infusion of juniper, one ounce and a half. Three times a-day.

The powder to be repeated if necessary.

31. He made seven pints of urine from four, p.m., yesterday to half-past ten, a.m., this day.

Jan. 2, 1843. Urine is not albuminous; he has made nine pints of urine during the last twenty-four hours; the swelling is much less in all parts.

3. The swelling is still less; urine of specific gravity 1010; it is made slightly cloudy by nitric acid; this cloudiness is not altered or increased by heat; his cough is much better.

6. Œdema almost disappeared. Omit the mixture.

Tincture of acetate of iron, twenty minims;
Acetate of potash, two scruples;
Water, one ounce. A draught to be taken three times a-day.

His face continues pale; in other respects improving.

11. Complained of giddiness yesterday, which has disappeared to day; no return of œdema; quantity of urine five pints and a half, which is more than he has made for some days past; specific gravity 1010, neutral, not albuminous.

16. Impulse of heart rather too strong; no murmur.

20. Urine specific gravity 1018, acid, not albuminous; left leg slightly œdematous. Increase the tincture of acetate of iron to twenty-five minims.

27. Urine not albuminous, acid, specific gravity 1013.

Powdered jalap, one scruple;
Bitartrate of potash, half an ounce;
Powdered ginger, five grains. A powder to be taken directly.

30. The powder to be repeated.

Feb. 1. Urine specific gravity 1018. Increase the acetate of iron to thirty minims.

3. Feels better; the legs are not swelled, neither is he much purged. The powder to be taken every other day.

5. Improving; urine of specific gravity 1012, clear, and no albumen.

Discharged, cured, Feb. 8, 1843.

Diagnosis.—I did not see this patient at the time of his admission, but it is evident that it was a case of acute anasarca; according to the history of only a week's duration; in the chest there was only a little bronchitis and no disease of the heart; this was not adequate to produce the effect; the attack had followed the application of cold and wet. Now the majority of cases of acute anasarca arising from cold and wet depend on Bright's disease in the acute form. The urine, also, in this case was albuminous; this seemed to confirm the notion that this was the disease, which was the view taken by the house physician, and which I also adopted, without much inquiry. On reviewing the case, however, there are some circumstances noticed in the history which render this opinion less certain.

We find that the specific gravity of the urine was 1024, and two days later 1030; also that the albumen disappeared in three days, and only once afterwards is noticed as being made slightly cloudy by nitric acid. Now these circumstances do not characterise Bright's disease, for the urine should not only be albuminous, but *remain* so for some time; its specific gravity also should be *low*, and not, as in this case, as high as in health; in the earliest form of the disease, however, this latter circumstance is not always present.

If it were not a case of Bright's disease, to what, then, are we to ascribe it? A form of acute anasarca, produced by cold and wet, is described as existing independently of Bright's disease, and supposed to depend on a morbid condition of the cellular tissue, perhaps inflammatory. Of this disease I cannot speak from my own experience; I have seen many cases in the hospital formerly which were called by Dr. Elliotson anasarca phlogistica, arising from cold; but I do not know whether the urine was constantly albuminous, and am uncertain whether the observation was made. Rayer says that the presence of albumen in the urine, with more or less rapid development of anasarca, characterise Bright's disease, and that no other acute disease presents this character.

My own opinion is, that we cannot easily decide whether this case was an example of the acute form of Bright's disease or of simple inflammatory dropsy. If it were Bright's disease, it seemed to be cured with very unusual facility; if it were inflammatory dropsy, it differed in no respect from renal dropsy, but in the *short time* during which albumen was present in the urine. Is this a sufficient ground for thinking that these two diseases are *essentially* distinct? This seems doubtful; perhaps all these cases are *essentially* the same in the first instance, and that some of them get well, leaving no other disease behind, whilst others, perhaps the greater number, at a more or less early stage of their progress become complicated with disease of the kidney.

Causes.—It appears that he had been exposed to cold and wet, was not addicted to drinking, but had suffered great privations; and these are very frequent causes of this disease.

Treatment.—Whether the disease be acute anasarca or that depending on renal disease, however important in regard to *prognosis*, makes no difference in the treatment, which is similar in both cases. He was cupped to twelve ounces, and diuretics ordered. In consequence of this treatment the dropsy soon disappeared. The diuretics acted very freely; we find that the quantity of urine was increased from three to about nine pints in the course of twenty-four hours. This was due to the cupping, or the diuretics, or both. On the 3rd of January the specific gravity of the urine came down to 1010, but the quantity was increased at the same time. He was then ordered the acetate of iron and acetate of potash. The dropsy did not return, nor was albumen afterwards traceable in the urine; but in order to complete the history of the case it would be necessary to watch the patient for some months.

CASES

ILLUSTRATING THE CONNECTION OF

CHOREA WITH HEART AFFECTION AND RHEUMATISM.

Maria Batrick, aged fourteen, was admitted into the Westminster Hospital under the care of Dr. Hamilton Roe. For three weeks prior to her admission she had been the subject of chorea affecting in an equal degree both sides of the body. The catamenia had not been established, and she was suffering from habitual constipation. The cause of the chorea could not be traced to any local injury or mental alarm. When admitted the involuntary movements were violent and constant, excepting during sleep; she was unable to retain anything in her hands for more than two or three seconds, and had much difficulty in carrying food to her mouth. Powder of jalap, with aloes, every evening; sulphate of zinc, one grain three times a-day.

2nd day. No marked change in her symptoms; bowels relieved scantily. Continue remedies.

5th day. Some improvement is now observed, the involuntary movements being rather less violent, though still constant. Sulphate of zinc, two grains three times a-day.

13th day. No marked change since the last report. Sulphate of zinc, three grains three times a-day.

17th day. Improving more quickly; the involuntary movements much less violent, and sometimes absent for a few minutes. Sulphate of zinc, four grains three times a-day.

From this time until the fortieth day of treatment, during which interval the dose of the sulphate of zinc had been increased by additions of one grain to thirty-three grains in the day; in the same proportion as the quantity of zinc was increased did the symptoms of chorea become lessened, and at the expiration of the fortieth day she was discharged from the hospital, being quite free from all traces of her former disease and in good general health.

Five days after she had quitted the hospital she again applied for admission. There had been no return of the chorea, but she now presented the following symptoms:—Countenance exceedingly anxious; lips livid; alæ nasi acting violently; respiration 50, short, and hurried; the spaces above the clavicles forcibly drawn in during inspiration; extremities cold; pulse thready; tongue pale; she complained of much dyspnœa; great sense of oppression at the præcordia, but no acute pain; pressure between the lower ribs on the left side produced pain. The physical signs were—heart's action tumultuous, the first sound passing into the second, so that one could with difficulty be distinguished from the other. Over the entire region of the heart a harsh scraping sound (frottement) could be heard, concealing to a certain extent the valvular sounds; pulse 100, feeble; the lungs did not present any evidence of disease. Two hours after admission symptoms of reaction appeared, the skin becoming hot and pulse irritable, and more full; the distress and anxiety of countenance was augmented, and the dyspnœa very urgent. Cupping to the region of the heart to ten ounces; calomel, opium, and antimony every sixth hour; low diet.

In the evening the report was—Appears relieved by the cupping, which produced no tendency to syncope; bowels had acted. Continue remedies.

2nd day. Passed a restless night; now complains of great oppression at the præcordia, with inability to take a full inspiration; skin rather hot; pulse 140, rather harder; respiration 66. She sits up in the bed supported by pillows. On examining the chest, the frottement, although audible over the same extent as yesterday, is yet not quite so loud; the heart's action is very irregular, as if plunging about without any direct order of contraction and dilatation; dulness on percussion in the præcordial region extends over a much larger space than before. Continue the other remedies; strong mercurial ointment to be rubbed into the axillary and inguinal regions.

Evening: Had become suddenly more depressed, and had some vomiting; face very pale; lips blueish; alæ nasi acting violently; extremities becoming cold. Sits in bed, with the chest inclining forward and to the left side; in any other position she is quite unable to breathe; the number of respirations in the minute is 72; pulse 150, very feeble and contracted; the cartilages of the right thorax appear as if thrust forward at every cardiac pulsation; sounds of the heart cannot be detected, and the frottement is no longer heard.

Wine at frequent intervals was followed after the lapse of two hours by some degree of reaction. She lingered until the next day, when she sank, exhausted by suffering; for a few hours before death she complained of acute lancinating pains affecting the limbs, so severe as to cause her to shriek aloud. No alteration in the physical signs took place. A post-mortem examination of the body could not be obtained.

Case II.—Harriet Blewitt, aged thirteen, who had on two previous occasions been the subject of chorea, was admitted, laboring under a third attack of six weeks' duration, and which, like the previous one, was attributed to fright. She was treated by the sulphate of zinc, and was recovering, when her pulse was observed to become remarkably irregular in volume, and intermitted; occasionally ten or twelve beats would occur in rapid succession, after which a pause for two, three, or even four seconds, would ensue; again, violent action of the heart would induce rapidity and apparent force, and again would it become immediately soft, and almost imperceptible. This state was quite unaccompanied by any general excitement of the system, fever, pain, or other indication of disease.

After the lapse of a few days this action of the pulse and heart again became regular, and the chorea was also subsiding, when she was attacked with acute rheumatism; the heart became very irritable in its action, but apparently not inflamed. After passing through the ordinary course of treatment, she recovered, and was discharged quite well.

REMARKS.

The cases above related are well marked examples of that association which is not unfrequently found to exist with diseases essentially differing, both in degree of morbid action as well as in the structures in which they may occur. Within the last few years the connection of chorea with cardiac affection has been remarked; and it was first observed by Dr. Addison that the derangement of the heart in this disease is by no means rarely indicated by the existence of a distinct bruit, audible over the whole præcordial region. In the first case here related there was not observed during the existence of the chorea any manifest affection of the heart, but the former disease had scarcely disappeared when acute pericarditis supervened. A careful inquiry failed to elicit the fact of exposure to damp, cold, or any other of those causes which might have favored the development of the cardiac disease; and although the immediate connection between chorea and disease of the heart cannot be satisfactorily accounted for, yet daily experience has sufficiently established the fact, and it is not too much to infer that, had this patient not have been the subject of the former disease, she would probably have escaped the latter. In the second case, the heart affection did not supervene upon the disappearance of the chorea, but coexisted with it; and although the cardiac affection did not assume the severity of pericarditis, yet it was such as perhaps admits of a more ready explanation. It was observed that the pulse became both irregular in volume and distinctly intermitted, these intermissions being sometimes of considerable duration, but not occurring at any regular periods, as may be sometimes observed in certain forms of mitral valve disease. All this was quite unaccompanied by any general disturbance, nor was there either local pain, dyspnœa, or any other important symptom, and had not the pulse been occasionally examined, the cardiac affection would altogether have escaped observation. On examining the heart, its action was found to be exceedingly irregular, at one moment tumultuous and rapid, at the next tranquil and slow. The absence of all general disturbance was the same as is observed in chorea, and it is by no means improbable that the heart itself may become affected by that disease, and present the same irregular movements in common with those muscles which are supplied with nerves of voluntary motion. Whatever may be the explanation, the fact is sufficiently proved, and this case well illustrates the amount of heart affection commonly observed during the existence of chorea. Between the last-named disease and rheumatic inflammation there also exist some connection, the association of the two forms of disease being sufficiently frequent to prove that some affinity in morbid action exists between them—a fact which, when the remarkable association of rheumatism and cardiac inflammation be remembered, may in some measure serve to account for the supervention or coexistence of heart disease with chorea. B.

ON THE USE OF VERBASCUM AS A NARCOTIC REMEDY.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As the accompanying remarks are particularly addressed to provincial practitioners, you will, perhaps, allow them a place in your widely circulated periodical.

I am, Gentlemen,
Your obedient servant,
C. Butler Lane, M.R.C.S. and L.A.C.

In the study of materia medica we find a vast field open for research and observation in the indigenous productions of Great Britain, the cultivation of which, indeed, has not been carried out with the zeal and energy which it deserves. It cannot be denied that any addition to our stock of medicaments obtained from native plants is desirable, inasmuch as it tends to render us independent of foreign sources of medicinal supply. That which is brought from afar, and of which there is some difficulty in the obtainment, is often consequently held in the highest estimation, and an expensive article is usually considered proportionably valuable. I should be sorry to tax the majority of the profession with this unphilosophical feeling, but with many I am confident it assumes an involuntary influence, tending to reduce the science of medicine to a level with any art or trade, and thereby greatly impeding its improvement.

Many are the plants which abound in our fields and hedge-rows, to which, judging by botanical analogy, and even by popular tradition, we should be ready to ascribe medicinal efficacy, the nature of which is well worth inquiry and elucidation. Among several that attracted my notice while practising in Sussex was the verbascum, or mullein, and, from such observations as I have been able to make, I believe that plant will be found to afford a medicine of considerable utility, and I shall be happy if this communication should induce any of my provincial brethren to turn their attention to the subject. Six species of the genus verbascum are contained in the British flora, two of which alone I believe to possess medicinal powers in a marked degree—viz., verbascum nigrum, and verbascum blattaria. The verbascum thapsus has been frequently noticed by herbalists, and even in some medical works, as being supposed to possess a slight remedial efficacy, chiefly as a demulcent, but in the varieties above named I am confident that a peculiarly modified narcotic influence resides. I am led to suppose that several varieties were often confounded together by Gerard and others, which prevents our ascertaining the particular one they deemed medicinal, causing the virtues of the verbascum nigrum and blattaria to be ascribed to the verbascum thapsus. In many old herbals I have found the verbascum, or mullein, designated as lungwort, and its efficacy highly lauded in the pulmonary affections of cattle. The seeds, also, have a reputation of being equally potent with cocculus Indicus in stupifying fish. I doubt not that this testimony refers to the purple mullein, as it is called, but am not surprised that confusion should exist, from the different species often growing in the same locality, and from the leaves bearing some mutual resemblance at first sight. Dr. Home gave trial to the verbascum thapsus in catarrhal cough and diarrhœa, but only found a small amount of benefit derived in cases of the latter; in the former complaint it was of no avail.

The peculiar purple tint recognised in the flowers of so many of our narcotic plants will help us to distinguish the verbascum nigrum and blattaria from the other varieties, as it is at an early period of their flowering that they should be collected, then being in perfection. The flowers of these two varieties will be found to possess a peculiar narcotic odor very different from the sweet smell which the bright yellow flowers of the verbascum thapsus exhale.

It is scarcely requisite to describe the botanical characters of the species of verbascum to which I refer; all are contained in the same natural group, the solanaceæ, and in the Linnæan class, pentandria monogynia. The chief distinguishing characters of the two species to which I allude consist in their smoother leaves, purple stamens, and solitary arrangement of the flowers of verbascum nigrum and the panicled form of those of verbascum blattaria.

From the experience which I have had, I am led to consider the leaves as best adapted for medicinal purposes. I am inclined to think the root inert, or nearly so, but am not yet sufficiently enabled to speak with confidence on that point. A tincture of the dried leaves, in the proportion of two ounces to sixteen of dilute spirit, is the form of which I have availed myself. I shall now proceed briefly to recount the results of my observations on the effects of its administration.

Several cats and dogs were destroyed with the tincture of the above strength, from six drachms to an ounce and a half being given in divided doses, within the space of from twenty-five minutes to an hour and a half, and appeared gradually to reduce the nervous power without any irritative action, there being even very little convulsive motion. Sensibility and motor power were quickly reduced; the action of the heart and arteries was diminished; the respiration became slow and laborious; deep sleep ensued; and the fæces and urine were involuntarily discharged; the pupils were then found insensible to light; the posterior extremities became completely paralytic; and after slight convulsive movements life was extinguished. It required, however, that the tincture should be given at regular intervals, so as to maintain its influence, or gradual recovery would take place, even when the poison appeared to have assumed a powerful control. On post-mortem examination no organic change of any description could be discovered, the appearances being uniformly as follows:—The brain perfectly healthy in color and texture, but with slight effusion of serum at its base, and in the ventricles, affording a strong odor of verbascum; the lungs somewhat gorged with blood, and containing much frothy mucus; the cavities of the heart nearly empty; the liver somewhat vascular; the stomach and small intestines preternaturally pale, and containing fluid; the kidneys pale, and the bladder filled with urine; the blood dark and liquid, and like all the other fluids strongly impregnated with the verbascum.

Several experiments were tried as to the effects produced by its administration to the healthy human adult, in doses varying from half a drachm to two drachms. It occasioned a slight sense of weight about the head, with vertigo, often to a considerable extent, but at the same time somewhat pleasurable; a sensation of sinking and dimness of sight were also experienced, and more or less inclination to sleep. According to the state of the system the pulse was more or less readily reduced in number and in force, more especially in the latter respect than in the former; when the doses were large the extremities became cold, and the countenance pallid; there was invariably pain and oppression at the chest, with disinclination to frequent respiration; the urine passed within ten minutes from the administration of the medicine always afforded the odor of verbascum, and a considerable tendency to diuresis remained subsequently. In several careful series of observations there was found an increase in the bulk of the secretion of the kidneys of from 15 to 50 per cent. under the influence of moderate doses of the verbascum; in one instance during the preceding two days or forty-eight hours the renal secretion was found to amount to forty-seven ounces and a half daily; on the administration of the verbascum for two days it increased to fifty-seven ounces six drachms daily; and the two subsequent days *a diminution to forty ounces took place* when the medicine was omitted. The amount of fluids taken daily was limited to between thirty and forty ounces, and an uniform diet was observed. No unpleasant effects were ever experienced as secondarily consequent to the administration of the verbascum, and its narcotic influence usually wore off in the course of an hour or two. The bowels invariably became somewhat relaxed.

The conclusions to be arrived at from these observations are pretty obvious. In the two varieties of the verbascum which I have specified, we may expect to find a mild but efficacious sedative, somewhat peculiar in its action, and, at the same time, probably in some respects more agreeable to the system of its *modus agendi* than any other; were there anything noxiously irritant in its nature we should not find it so readily taken up into the circulating system, as we have seen was remarkably the case. This fact would tend to induce us to believe that the medicinal influence is on the blood—that there is a chemical action induced according to the hypotheses of Liebig. I am not, however, inclined to think such the case; the circulation conveys and applies it to all parts of the human body, but I am convinced that the action is essentially on the nervous system, like that of other sedatives derived from the vegetable kingdom. In reference to this I have certain experiments under consideration, which, when complete, I shall submit to the profession, and which I expect will go far to establish the nervine action of medicines. There was an evident specific action exerted on the respiratory function, and the diuretic influence was, beyond doubt, different from that of digitalis, inasmuch as the heart's action, though lowered, was not apparently interfered with. From these considerations I was induced to administer the verbascum alone or in combination in numerous cases of chest affection, particularly in phthisis, bronchitis, with and without emphysema, with much benefit; also in cases of cardiac disease I have found it a valuable sedative. I have not much confidence in mere isolated cases as illustrative of the value of medicine, nor, at any rate, would I wish to put them forward till the results have been sufficiently confirmed by experience. I may, however, say that I have reason to believe that the verbascum will be found an efficient medicine in pertussis, the irritation of dentition, dropsy, and rheumatism, which it is my intention to demonstrate in a future communication, when I intend to give a summary of the results obtained, with various illustrative cases, and I trust that other members of the profession will by that time have had some experience in the use of the medicine in question.

ANALYSIS OF THE BLOOD IN SIX CASES OF MORBUS BRIGHTII.

In the first case the patient was a male, aged fifty-six. The blood was very slightly buffed; the serum had a specific gravity of 1023.

In 1000 parts of blood :—

Water	853·11
Solid matters of serum	81·28
Fibrin and corpuscles	65·61

In 1000 parts of serum :—

Albumen	68·5
Urea	0·5
Alkaline salts	6·0

In the second case the patient was a male, aged thirty-two. The blood was both cupped and buffed.

In 1000 parts of blood :—

Water	835·85
Solid matters of serum	82·54
Fibrin and corpuscles	81·61

In the third case the patient, a male, aged thirty-five, the subject also of phthisis.

In 1000 parts of the blood :—

Water	828·92
Solid matters of serum	76·98
Fibrin and corpuscles	94·10

In the fourth case the patient, a male, aged sixteen, the blood being cupped and buffed, the specific gravity of the serum 1018, containing, in 1000 parts, albumen 64, and salts 6·5 parts; urea detected, but not estimated.

In 1000 parts of the blood :—

Water	777·06
Solid matters of serum	71·14
Fibrin and corpuscles	151·80

In the fifth case the patient, a male, aged thirty-two, the specific gravity of the serum 6025, containing 72 parts of albumen, and 1·25 parts of urea in 1000.

Water	782·86
Solid matters of serum . . .	73·14
Fibrin and corpuscles	144·00

In the sixth case the patient, a female, aged thirty-seven, the specific gravity of the serum 1029 to 1030, containing albumen 79·5 parts, and alkaline salts 7·5 parts in 1000.

In 1000 parts of the blood:—

Water	805·71
Solid matters of serum . . .	85·56
Fibrin and corpuscles	108·73

—*Dr. Rees, in Guy's Hospital Reports.*

METEOROLOGY OF HÆMORRHAGE.

"Medical Meteorology," observes the author of this essay, "combines difficulties inherent in both classes of sciences; and though destined at some future time to be a science of great interest and importance, is at present, and is, perhaps, for a considerable period longer to be, in a condition which may be termed fragmentary."

The author proceeds to examine among the various causes whose combined influence determines the time when a spontaneous hæmorrhage shall occur; and whether the condition of the atmosphere has an influence so great as to be detected by a careful comparison of medical and meteorological observations.

In the course of a medical practice of fifteen years, and the daily observation and record of meteorological facts during the greater part of this time, the writer has become so far convinced of the existence of such an influence as to induce him to undertake the labor of making a numerical estimate for obtaining the average results in relation to a considerable number of cases.

The examination has been restricted to cases of hæmoptysis and uterine hæmorrhage occurring in his own practice, during three continuous years, ending in May, 1837. The locality was Schenectady, New York.

Of the cases of hæmoptysis and uterine hæmorrhage scattered through these three years, those only have been selected whose date was recorded; they amount only to fifty-four. In two or three of the cases selected there may be a slight uncertainty as to the day of attack, but in nearly half of them the hour of attack was recorded.

The author arranges his observations in tables, marking the variations in temperature and hygrometrical conditions and changes of the atmosphere, and showing the comparative frequency of cases of uterine and pulmonary hæmorrhage and the atmospherical conditions at the periods of their occurrence, from which the following results are obtained:—

The months in which the greatest number of cases occurred were June and September, hæmoptysis taking the lead in the former, and uterine hæmorrhages in the latter. It would seem that neither the extreme of heat nor that of cold is among the most influential causes; whether change of temperature, at the time, has an influence is a different inquiry; and by examining the dew-point, and the difference between it and the temperature, it is seen that some depression of temperature is a usual concomitant of hæmorrhage. The average depression of the thermometer below the monthly mean was 3°, but the fall was greater for hæmoptysis.

The hygrometrical state of the air is next examined —First, in relation to the dew-point, which affords a measure of the absolute quantity of contained vapor; and, secondly, in relation to the difference between the dew-point and temperature, which affords a measure of the degree of dampness—in other words, the degree of approximation to the point of precipitation.

The average dew-point for the whole collection of cases is about 3° below that of the corresponding months. The air then, at the earth's surface, contained less than the usual amount of vapor. We are not to conclude that the air possessed a more desiccating quality; for the average difference between the dew-point and temperature (taking into account the relative number of the two kinds of cases) differed but one-tenth of a degree from the monthly mean. The average dampness for each class of hæmorrhage was near the usual standard, but was rather greater for hæmoptysis. As the average dampness for both classes collectively was almost exactly the same as that for the corresponding months, there is no evidence that dampness *per se* has any influence on hæmorrhage. As to the absolute height of the dew-point there was a close agreement between the two classes, each giving (within one-third of a degree) a difference of 3° from and below that of the month. Here, then, there is something which appears to be conducive to hæmorrhage in general; but when we recollect that there was a corresponding depression of temperature, which leaves the dampness unchanged, and also that great cold has of itself little predisposing influence, we become, in the present stage of the inquiry, restricted to the conclusion, that that atmospheric agency, which conduces mainly to hæmorrhage, is neither dryness nor humidity, nor heat nor cold, but some change or condition—whatever it be—which, on an average, is attended by a reduction of temperature and such a corresponding diminution of vapor as leaves the degree of humidity nearly unchanged.

The barometrical results were more remarkable than the thermometrical or hygrometrical ones, and very different in some respects from what generally received opinions would lead us to anticipate.

If we regard the average changes of pressure during the twenty-four hours preceding the time of attack, we find nothing remarkable, unless it be a remarkable want of influence, shown by a strict conformity to what the theory of probabilities would require for the average results of accidents in a numerous collection of cases; in other words, the instances in which the barometer was rising were nearly equal to those in which it was falling, and this correspondence extended to both tables. Before the uterine hæmorrhages, the barometer was rising 13 and falling 14 times; and before hæmoptysis, the proportion was also 13 to 14. This shows, if anything, a slight tendency to depression, but not sufficient to justify any general conclusion for this number of cases.

The case is different for the days of attack. On those the barometer was generally falling, and in a greater proportion of instances than could, with any probability, be attributed to accident. Out of 54 cases, it was in 35 falling at the time of attack, in 18 rising, and in 1 stationary.

Hence the probability that the atmospheric pressure shall be diminishing rather than increasing at the time of an attack is about as 2 to 1. A confirmation of the opinion that the barometer will generally be found falling at or near the commencement of a hæmorrhage, is found in the fact that the proportion was almost exactly the same for both classes of hæmorrhage, being 17 to 9 for the uterine, and 18 to 9 for the pulmonary. It is difficult to believe that this falling of the borometer was accidental, when the proportion was so great and so nearly correspondent for both kinds of hæmorrhage.

If this great influence of a diminution of atmospheric pressure be mechanical, we should be inclined *à priori*, to anticipate that the effect would be at the maximum when the pressure was at a minimum, and the blood-vessels in an unusual degree deprived of this external and mechanical support.

But it is interesting to notice that the facts exhibited in another column contradict such a conclusion. The barometer, though generally *falling*, is *not low*, but on the average about one-third of a tenth of an inch *above* the mean height for the year. That the existence of some excess above the mean was not the accidental result of a moderate number of cases appears probable from the fact that the two classes of hæmorrhage differed in this respect from each other, only about one-fourth part as much as one of them differed from the general average of the year.

From all the barometrical facts we may draw the conclusion that, at the commencement of hæmoptysis or uterine hæmorrhage, *the barometer is generally falling*, and from *some points above the mean*. There would seem to be, in general, some influence predisposing to hæmorrhage between the time of maximum and medium height for that section of the month in which the attack occurs.

The atmospheric condition of *the period preceding a storm* is more conducive to hæmorrhage than that which immediately succeeds one.

A confirmation of this conclusion is found by comparing the three days which immediately precede the hæmorrhage with the three which immediately succeed it. For the proportion of the former, which were stormy, was, for both kinds of hæmorrhage collectively, only 36½ per cent., that of the latter 51½. The disproportion was greater for the uterine and less for the pulmonary, but still the balance was on the same side.

We may conclude, then, first, that the time of an attack of hæmoptysis or uterine hæmorrhage is usually farther removed from the nearest preceding days of falling weather than from the nearest succeeding ones. It may be expressed by saying that the attack is oftener *before* a storm than *after* a storm. Secondly, the stormy days which precede the hæmorrhage are usually less numerous that those which succeed it, and, indeed, less numerous for the same length of time in other parts of the corresponding month. Both these remarks are more strikingly exemplified in cases of uterine than in those of pulmonary hæmorrhage.

The author is induced, from the examination of all the meteorological circumstances in his essay, to believe that electrical influence exerts a powerful agency in the production or prevention of the forms of disease to which he has alluded.—*Dr. Joslin in American Journal.*

PROVINCIAL MEDICAL JOURNAL

SATURDAY, APRIL 29, 1843.

> "The intoxication of anger, like that of the grape, shows us to others, but hides us from ourselves; and we injure our own cause, in the opinions of the world, when we too passionately and eagerly defend it."

How readily do we admit the excellence of this aphorism of a gifted but ill-fated writer, who, zealous to aid the moral welfare of others, forfeited his own; but what little influence has its promulgation exerted upon argumentations and discussions in our profession! When doctrines founded in truth, and urged in sincerity, cease to achieve our end, we fall from the boldness of open war to the littleness of stratagem, and yield up our right to merited success in the forfeiture of the means. "When reason is against a man he will be against reason;" scientific disputations will then give place to unsupported assertions, which, rapidly passing through the several phases of intemperate argument, too often hasten to find a termination in angry expressions and ill-judged personalities.

The records of medical literature, and perhaps more frequently the records of medical societies, furnish us with abundant illustrations of what we have ventured to express, but scarcely do we think that a more complete illustration of this truth can be afforded than the recently published *work* on the reputed power of Mesmerism in preventing the perception of bodily pain. Far be it from our purpose to attempt the renewal of any discussions on the presumed merits of Mesmerism or the reputation of Mesmerisers; with the science itself her disciples have also fallen, and we see both it and them placed in the same group of absurdity and imposture; it is on the spirit in which the essay is written rather than to the statements it contains that we would offer a few and very brief observations. It will be in the recollection of our readers that not very long since a case was read before the Medical and Chirurgical Society in which a capital operation had been performed during a state of insensibility, said to have been caused by Mesmerism, in which the patient felt neither pain nor inconvenience. At the next meeting of the society the case, and the discussion consequent upon it, were, by the wish of the fellows, erased from the books, and no trace allowed to remain of the subject ever having been introduced. At this latter meeting some discussion took place, several of the speakers on that occasion ranking amongst the most eminent in the profession, and the opposition which they most justly offered to the reception of the case has led to the publication, by Dr. Elliotson, of the pamphlet to which we allude. A great part of it is occupied by the relation of cases of supposed Mesmeric action—passages in the lives of the Okeys—and letters from several disciples, medical and non-medical; the remaining portion being filled by extraneous comments upon the characters, rather than upon the opinions, of those fellows of the society who, by opposing the mesmeric case, have drawn down the relentless ire of the author. Not content with exposing fully to his own satisfaction, at least, the opposition to the doctrines of mesmerism, he fastens upon the speakers themselves, and leaves them not until he has told us that Dr. Johnson is a reviewer—that Messrs. Liston and Wakley are now inseparable friends—that Dr. Roots is a physician, living in Russell-square; and, not yet satiated, he animadverts alike upon his professional brethren, their pursuits, and their very houses; and hovering about for some farther object he at length finds a climax in the "two very large brass plates of the M.D. in Hill-street."

Weak indeed must be the argument that can need support such as this; every man must bring disgrace upon himself and the opinions he endeavours to uphold by such discreditable means. Careless, as it would seem, alike to all claims of good feeling and good taste, and in apparent eagerness to make his attacks as unjust as vituperable, he hurls still direr weapons at the heads of those who have taken but little part in the discussion of his opinions. One of these he apostrophises as, "Ungenerous man! I envy you not your heart!"—Are there no passages, we would ask Dr. Elliotson, in his book which will deservedly draw down upon himself, from the lips of every professional brother, the epithet he has thus unhesitatingly applied to another? Heedless of such reflections, and reckless of whom he attacks, the grave itself affords no shelter to its mute tenant; and Sir Astley Cooper is for the first time described as having been "but scantily informed, and endowed with but a moderate degree of the higher intellectual faculties."

How strange a thing it must seem to every reader of Dr. Elliotson's pamphlet, that one who quotes so largely and so often the writings and names of some of the greatest philosophers should be so blind to all philosophy himself; and that, whilst he summons to his aid the names of a Galileo and a Kepler, he should adduce a passage from the "Epistolæ Kepleri," which might have taught him at least to have laid aside fierce and illiberal warfare, and to have exchanged the virulence of hostility for the tenderness of pity:—strange that he should not have recollected that an Atticus, a Cassius, a Cicero, and a Brutus, although the adherents of opposing sects, yet lived in friendship's firmest bonds, and did not transmit to their disciples the example Dr. Elliotson has given to his.

It is enough that we hold up the course Dr. Elliotson has thus selected for himself; it furnishes its own condemnation, and will meet its due reward. We willingly take leave of him and of his pamphlet, and in the same feelings with which we first referred to it—those of sincere regret. We have thus been serious long enough; and desirous of parting with our readers on the subject of Mesmerism in another strain; we will conclude by making two very brief quotations from Dr. Elliotson's paper, and, reversing the natural order of things, will end with the title of this pamphlet.

A case, twice related and often referred to, is given at page 77; this we will transcribe, more especially as it is regarded by the author as a very conclusive one, but, as it seems to us, pregnant with proofs of the absurdity of the doctrine it is supposed to illustrate. The subject is a nursery maid, who was mesmerised by Sir T. Willshire.

"Sir Thomas commenced at six minutes past one o'clock to mesmerise the patient for a painful operation to be performed by Dr. Charlton on her jaw and gum, during her sleep. Anne had previously suffered very much from the fracture of the jaw, in consequence of having had five teeth taken out, perhaps unskilfully, at one time. Matter and proud flesh had formed, and caustic had been employed in reducing them. She had also been Mesmerised before for experiment, three times by Sir Thomas and the same number of times by Captain Valiant.

In six minutes Anne was asleep. Soon afterwards Captain Valiant called loudly, without her hearing him; but when Sir Thomas took her hand, and spoke in a low tone, she heard, and answered that she was asleep and comfortable!!!"

The operation of removing part of the alveoli was then performed.

"She opened her mouth for the operation to be performed at the command of her Mesmeriser, who held her hand. * * * * While waiting for creosote, Sir T. took some wine, when Anne went through the form of tasting and drinking, and, on being questioned, said she tasted wine. The same experiment was tried with biscuit, and she said she tasted biscuit. Captain V. pinched Sir Thomas's hand, which she immediately felt too, and said somebody was pinching her hand, and she did not like it.

At twenty minutes to three o'clock Sir Thomas awoke her, when *she was not conscious of having had had anything done to her*, and was very thankful to find the operation over, and wished very much that what had been done to her during her Mesmeric sleep might be published for the good of the world in general!!!"

Oh, philanthropic nursery-maid!—Oh, Sir Thomas Willshire!—Sir Thomas Willshire, oh! But let the title speak—

"*Numerous Cases of Surgical Operations without Pain in the Mesmeric State; with Remarks upon the Opposition of many of the Members of the Royal Medical and Chirurgical Society and others to the reception of* THE INESTIMABLE BLESSINGS OF MESMERISM."

MEDICAL REFORM.

We publish with pleasure the following petition from the Gloucestershire Association. It is a sufficient answer to the remarks contained in last week's number of our Dublin contemporary. It is not easy to understand how the editors of the "Press" could have mistaken "delay of collegiate charters" for delay of medical reform:—

To the Honorable the Commons, &c.,

The humble Petition of the Gloucestershire Medical and Surgical Association,

Sheweth,

That your petitioners hail with satisfaction the announcement of the intention of government to introduce a bill for the regulation and reform of the medical profession, and also that in connection therewith arrangements are in progress for the modification of the charters of the Royal Colleges of Physicians and Surgeons.

That no changes in the present charters can be efficient and beneficial, unless they receive the approbation and support of the great body of the profession; and no confidence can be placed in the authorities to whom power may be delegated, however able and honorable such authorities may be, unless they are elected by, and responsible to, the members of their respective bodies, instead of being, as under the present system, self-elected and irresponsible.

That your petitioners entertain a high degree of anxiety on the subject of the proposed reform, and therefore implore your honorable house not to enact any changes relating to the medical profession, without giving time, after the nature of those changes shall have been made public, for full parliamentary discussion and investigation, and for the expression of the opinions of the medical public, in matters which so essentially concern themselves, and through them may have such an important influence on the public at large.

REVIEWS.

A System of Clinical Medicine. By Robert James Graves, M.D. Dublin: Fannin and Co., 1843. 8vo. pp. 937.

Notwithstanding the various disadvantages under which Ireland labors, it cannot be denied that she has always furnished more than an average share of contribution to the advancement of medical science. If, without looking to the past, we regard the present only, we must acknowledge that the Irish capital still possesses one surgeon second to none in Europe, and that the talents and labors of the two physicians attached to the Meath Hospital place them on a level with the most distinguished names of which more favored countries can boast. Comparisons, it is said, are odious things; but, like all proverbs, this one is not universally true, for it cannot be reprehensible to compare the qualities of eminent men for the purpose of paying its legitimate reward to "virtue," and stimulating the energies of those who are to come, by doing just honor to their predecessors.

Amongst the manifold and irksome duties of the critic, this latter is the most agreeable; we are not disposed to admit, with some, that critics, like *amateur* anatomists, delight only in cutting up, and we can conscientiously say that we feel more joy in the merited success of one great or good work than in flaying or flaggelating the ninety-nine sinners whom duty and justice compel us to execute.

It is, therefore, with pleasure that we introduce to our readers the clinical lectures of Dr. Graves, which are now before us. Dr. Graves has long enjoyed a very high reputation as a teacher of medicine and as a practical physician. He is one of the extremely few who combine extensive literary knowledge with originality of mind and activity and energy of temperament; he not only has seen and read much, but has done much; acquainted with the views and opinions of all the great authorities in medicine, he is enabled at once to seize those points on which the powers of the mind should be concentrated, and the high quality of his intellect sheds new light on many of the abstruse and difficult questions which beset, at every instant, the footsteps of the scientific practitioner of medicine.

In his preface to the present volume, Dr. Graves informs us that "it has no pretensions to the title even of outlines of the practice of physic." We allude to this, because we suspect that the title of the volume —viz., "A System of Clinical Medicine," has been prefixed by the publishers and not by the author, and to prevent any reader from being disappointed at the omission of several important classes of diseases. The work, in truth, is not a "system" of any kind, but simply a collection of clinical lectures by Dr. Graves, which had been published in various periodicals, &c., and which the author has here collected together and revised for publication in a separate volume. This circumstance explains why we have nothing on diseases of the brain, heart, abdominal viscera, &c.; why, as Dr. Graves expressly says, "Many most important diseases are not mentioned at all and none fully described."

These lectures, then, are strictly clinical; they consist of observations addressed rather to the individuality of each case than to the abstract disease under which the case is nosologically arranged, and admirable they are as specimens of clinical discourse, superior to most of those which have issued from our own press, and worthy of taking rank after the "leçons orales" of the inimitable Dupuytren.

From the space which we devote to literary notices, it is impossible for us to give more than a general idea of the contents of Dr. Graves' system of clinical lectures. The three first lectures are, as the technical phrase runs, "introductories;" we have, then, a series of sixteen lectures dedicated to the subject of fever, and full of most important and novel views. Dr. Graves enters minutely into all the questions connected with fever, and, from the great experience which he has had in the treatment of this wide-spread malady, he has been enabled to furnish us with a variety of practical information not to be found in any treatise on the subject. We would particularly direct attention to lectures V, VI, VII, and VIII, which are occupied with a detailed account of the treatment of fever in its various phases. In lecture XIX we have a very interesting discourse on the different kinds of cough. Lectures XXIII to XXX are devoted to the subject of syphilis; and the remaining fourteen lectures to gout, glanders, a few diseases of the respiratory apparatus, paralysis, sleeplessness, and a few diseases of the skin. At the conclusion of the lectures we have a collection of papers, essays, cases, &c., which had been previously published by Dr. Graves in different periodicals, and which extends to some 200 pages.

After what we have said, it is unnecessary for us to recur to the merits of this work, or express our opinion that no practitioner of medicine should be without it; one of its distinguishing features is, that it contains a mass of information which is not to be found elsewhere, and this feature it is which always separates the work of an original and high class intellect from the imitations of the "serve pecus."

ACADEMY OF SCIENCES, PARIS.

April 17, 1843.

COMPOUND FRACTURE OF LEG.

M. Guyon forwarded a case illustrative of the effects of cold water in very severe injury to the limb. The case was one of fracture of the middle third of the tibia, with dislocation of the lower end of the fibula, laceration of the integuments, through which the end of the bone had passed, and compound dislocation of the astragalus. The foot was turned inwards to a right angle with the leg; the articulation of the joint was opened.

The surgeon commenced by returning the astragalus to its place, a matter of considerable difficulty; the foot was then brought outwards, the fibula replaced, and the lacerated integuments united by three stitches. There was a good deal of difficulty in keeping the foot straight, because the wound on the outer side of the ankle prevented the application of any hard body over this point; the splint used by Sir A. Cooper for fracture of the lower extremity of the tibia was at last tried, and found to answer. Irrigations with cold water, containing a small quantity of acetate of lead, were now employed without interruption for twenty days; the local symptoms were insignificant, but the general disturbance severe. On the fifteenth day some symptoms of tetanus appeared, and continued for two days, but yielded to large doses of opium. On the 5th of February the patient was in an excellent state, and the wound nearly healed.

ACADEMY OF MEDICINE, PARIS.

April 18, 1843.

TREATMENT OF SYPHILIS BY MERCURIAL FUMIGATIONS.

M. Paul Bernard, having witnessed in India the good effects of local mercurial fumigations, proposes the following formula for mercurial cigars:—

Bichloride of mercury, 0·04;
Watery extract of opium, 0·02;
Tobacco, deprived of its nicotine, 2·00.

M. Bernard insists on the advantages of medicated vapor over gargles in deep-seated venereal affections of the throat, and isthmus faucium. From the numerous experiments made in the wards of M. Ricord at the Venereal Hospital, the author selects seven cases illustrative of the treatment by mercurial cigars. The patients were all cured in a short time.

The conclusions at which the author arrives are—

1. The nicotine should be removed from the tobacco by frequent washing, or maceration in slightly acidulated water, because it irritates the mucous lining of the mouth.
2. From the solubility of the bichloride, it is easily subdivided, and its volatilisation rendered more certain.
3. The union of opium with the mercury moderates any irritation which it might tend to produce.
4. The experiments made in hospital show that the mercury, thus employed, exercises a general as well as local influence over the disease.

TYPHOID FEVER AMONGST DOMESTIC ANIMALS.

M. Rayer related a case which he considers illustrative of the existence of typhoid fever amongst animals. A young ass, six weeks old, died after having labored under diarrhœa for about eight days. On examining the carcase, M. Rayer found no other lesion than that which is observed in the bodies of persons cut off during the first stage of typhoid fever. Several patches of the glandulæ agminatæ were enlarged, and much injected, with inflammation of the surrounding mucous membrane, and one of the patches was ulcerated in its middle. The condition of the injected mucous membrane was quite different from that observed in cases of dysentery.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

April 11, 1843.

The President in the Chair.

Remarks on some of the Physiological Opinions of Professor Liebig. By John Bostock, M.D., F.R.S.

In this paper the author first alludes to the position which, he says, lies at the foundation of all Liebig's physiological theories—viz., the existence of a specific principle, "vital force, *vis vitæ*, or vitality," which is regarded as the immediate cause of all the phenomena, physical and chemical, which are manifested in the living animal. The author considers that it is not possible to refer all these phenomena to one principle; that there are at least two principles concerned in the operations of vitality—the contractility of the muscular fibre and the sensibility of the nervous filaments. He next notices the opinion of Liebig, implied, if not expressed, that a knowledge of physiology—*i. e.*, of the vital actions of the system, is not to be gained by observing these, but by chemical experiments on the constituents of the body. The author admits the importance of these experiments and observations, but contends that their importance is subservient to a knowledge of the effects produced by the appropriate powers of the living body. The author adverts to the position advanced by Liebig that the same chemical elements, and combined in the same proportions, may produce a number of different compounds. Were this position proved to demonstration, the author does not conceive it would contribute materially to the explanation of any changes that are going forward in the living body. We may rest assured, he says, that no action, either vital or chemical, can absolutely create or annihilate chemical elements; the body can only be composed of the elements which it receives *ab extra*, and it can only part with those elements by some process of secretion or excretion.

Case of Ulceration of the Pulmonary Artery into an Abscess of the Lungs. By W. Crowfoot, Esq., Beccles. [Transmitted by J. Dalrymple, Esq.]

The patient, a medical gentleman, thirty-six years of age, having been long subject to pulmonary complaints, showed evident symptoms of phthisis in the winter of 1841. He was attacked in the following November with hæmorrhage from the lungs. The quantity of blood coughed up varied from half a pound to two pounds at a time, and the hæmorrhage occurred almost daily. After death, besides other signs of phthisis, the upper part of the left lung was found occupied by a large cavity, containing about half a pound of grumous and coagulated blood; and, after a careful examination, the left branch of the pulmonary artery was seen to communicate with the abscess at the distance of two inches from the bifurcation. The opening was from the artery, in a funnel-like shape, terminating in a small aperture, through which a crow-quill could pass. The trunk of the artery was dilated. The communications between the abscess and the bronchial tubes were numerous though not large.

Suppuration of some Enlarged Glands lying betwixt the Gullet and Aorta, with Perforation of the Gullet; and, finally, Ulceration and Perforation of the Aorta close to the giving off of the Subclavian Artery. Sudden Death took place from the Effusion of Blood into the Gullet and Stomach.

The case is detailed by the donor of the preparation, Charles Cheyne, Esq., as follows:—

H. R., aged six years, at the time the aorta gave way, was laboring under chronic peritonitis. About two years before he had a fever, with pulmonary symptoms, of five weeks' duration, and had afterwards tolerable health till four weeks before his death. At this time fever of a remittent form commenced without precursory indisposition. No region or organ seemed remarkably affected till the end of the first week, when the belly became rather suddenly tympanitic; there was now great pain on pressing it, but none on any other occasion. The remissions of fever became more distinct, the pulse in the middle of the day being nearly of its natural frequency. The stomach was irritable. Fever in the night persisted with moderate sweats, and there was progressive emaciation. During the last week a dry and rather severe cough attended. At the end of the fourth week, about noon, he vomited a large quantity of blood, rallied a little, but in an hour after, upon vomiting a little more blood, he sunk quickly. On dissection the peritoneum lining the muscles was found greatly thickened. The omentum also much thickened, having in color and consistence the appearance of boiled cow's udder; it adhered closely to the contiguous parts. The intestinal canal was found considerable inflated, having large portions covered by a membrane of recent formation, by which they adhered to each other; other portions sprinkled with distinct papulæ, apparently of the same matter. Low in the belly were adhesions between the intestines and parietes, by bands and transparent membranes, forming cells, which contained a clear yellow serum. High in the belly there was a more puriform fluid. The mesentery, in general, was much thickened. The liver, also, was covered by a deposition of new matter, and adhering to all the contiguous parts. Nothing remarkable was found in the internal structure of the solid viscera, nor in the mucous coat of the intestinal canal. In the stomach about a pound of clotted blood was found. In the highest part of the aorta descendens there was a small ragged opening, without loss of substance, leading to a cavity that might contain a nutmeg. This cavity, which contained coagulated blood, communicated also with the œsophagus by an orifice that might admit the point of the little finger; it was situated in the midst of the bronchial glands, which were more or less changed into a texture of a cheesy appearance. The lungs adhered pretty generally to the thorax by bands of old formation. In their substance there was a yellow tubercle, of the size of a marble, and a few smaller ones in the vicinity.

HOUSE OF COMMONS.

April 25, 1843.

MEDICAL REFORM.

Mr. Macaulay wished to put a question to the right hon. baronet, the Secretary of State for the Home Department, respecting a very important subject—he meant the subject of reform in the medical profession. He wished to know whether those negociations, which he had been told were in progress some time ago on this subject, had been brought to such a termination as to enable the introduction of a bill into Parliament on the subject? He wished to know, secondly, whether there was any reasonable expectation of such an act being passed into a law this session? And thirdly, if the right hon. baronet felt that they could not expect to pass a general measure on the subject this session, whether he would have any objection to introduce into the Poor-law Act a clause to remedy the most pressing and crying grievances under which the medical profession now labored, from the construction of the present law in the exclusion of Scotch and Irish medical men from practising in the workhouses?

Sir J. Graham said he had no hesitation in saying that the negociations to which the right hon. gentleman referred had been so far successful as to leave no doubt on his mind that in a very short period he should be able to ask the leave of the house to introduce a measure with respect to the medical profession. As to the second question of the right hon. gentleman, whether there was any hope of passing such a measure this year, that of course must depend on the reception given to it. He was disposed to think that the measure was worthy the attention of the house, and he should bring it forward in the expectation that it would pass this session. At the present time he felt certain he should be able, in the course of the present session, to bring forward a measure on the subject, and it was his confident belief that it would pass into a law this session. He should only advert briefly to the third point. He felt that the practitioners of Scotland and Ireland were subjected to great hardship by the interpretation put on the act with reference to English practitioners, and that some legislative measure was called for on that particular point.

IRISH MEDICAL CHARITIES.

On the motion of Mr. French, Mr. French, Lord Eliot, Mr. Attorney-General for Ireland, Mr. George Hamilton, Viscount Jocelyn, Lord Courtenay, Mr. Young, Colonel Acton, Mr. Villiers Stuart, Mr. Gregory, Mr. William S. O'Brien, Dr. Boyd, Captain Archdall, Captain Taylor, and Sir William Somerville, were appointed a select committee to inquire into the state of the medical charities in Ireland, and to report what alterations appear necessary for the purpose of improving the system under which they are conducted, and for extending their advantages more generally amongst the people.—*Times.*

ALLEGED NEGLECT ON THE PART OF THE BEDMINSTER UNION GUARDIANS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—A case having recently occurred in this neighbourhood, of alleged neglect on the part of the Board of Guardians of the Bedminster Union, of a family who were suffering from want and sickness, I submit to your notice the following details of the affair:—

In the parish of Tickenham, in the above union, dwelt a man of the name of John Durbin, by trade a sawyer, not a very strong man, and earning upon an average about twelve shillings per week; moreover, his wife had for years been a weakly woman, and subject to frequent alarming attacks of asthma. In January last, a daughter (Charlotte Durbin) was taken ill in fever, when the man applied to me to attend her, and she was attended unremittingly by my assistant, Mr. George Adams, from that time until she became convalescent in March; her attack was of a very dangerous nature, and aoccompanied with symptoms of extreme prostration; the father frequently sat up with her by night, which of course incapacitated him trom his usual daily labor, and he expended what little money he had in purchasing wine and other necessaries for the poor girl. By his nightly watchings and constant anxieties his strength became reduced, and by the expences incidental to his daughter's illness his resources were exhausted, when in the month of March, before the recovery of Charlotte was completed, his own health became impaired; he was soon confined to his bed, and symptoms of urgent prostration set in. About the same time two younger children fell ill, with whom also symptoms of rapid prostration manifested themselves. In this state of things it seemed desirable that parochial relief should be obtained, for although the man was in a club which paid him seven shillings per week, and found him in medical attendance rendered by myself, yet the three sick children required constant medical care, whilst both the children and the father needed stimulating and nutritious diet, which could only be obtained by putting them under the care of the medical officer of the district; their residence being out of my district, my assistant advised the mother, about Saturday, the 18th of March, to apply to the relieving officer of the district for subsistence and an order for medical relief. He was applied to on the Monday following, and visited them the same day, but was afraid to enter the house lest he should convey contagion home to his own family; he, however, ascertained all important particulars, and reported them accurately to the board the next day, Tuesday, March 21. They were to this effect—"John Durbin, ill in fever (average earnings, twelve shillings per week); wife sickly; three children ill in fever; man entitled to seven shillings per week and medical attendance from club; subsistence wanted for wife and children; medical relief wanted for three children; ordered by the board two and sixpence and three loaves of bread by way of loan; *medical relief refused.*" Within a day or two of this board meeting I met the relieving officer, and asked him how it was that this family were allowed to die for want of the necessaries which their situation required; his answer was, "I cannot go beyond my instructions from the board—namely, to lend them two and sixpence and three loaves of bread." I said, "Bread is of no use to them, for they cannot eat it; they want wine, &c.' I added, as I drove on, "It is poor economy; the end will be that the poor fellow will die, and the parish will have to maintain his widow and family." Before the week was over, one child and the father died, and soon after the other child. On the Monday following, March 27, an order for medical relief was given to the medical officer of the district, who attended, and the necessary dietary was ordered; but a third child has since sickened and died, and another child is now very ill.

The affair excited attention from some of the neighbouring gentry, and animadversion was made upon the case. Discussions occurred at the board, when the chairman declared that the whole blame rested on my shoulders, that I ought to have memorialised the board in favor of this family, that I had done so in other instances, and that I was aware I might have done so successfully in this, or words to this effect. Upon this a gentlemen rose and said, that so grave a charge being made against me in my absence, it seemed to him desirable that a request be forwarded to the commissioners to send down an assistant commissioner to investigate the case; this was seconded by another county magistrate, and acquiesced in generally. Thursday, April 20, was fixed for the investigation before the assistant commissioner, who, arriving the day before, was invited to the chairman's house, dined with him, slept at his house, breakfasted with him in the morning, and was his companion in his carriage and pair from his residence to the union house. Far be it from me to insinuate that there was anything out of place in this arrangement, but I am not the only person who smiled at witnessing this *ruse* of the worthy chairman. I should, however, hope that the chairman was too honorable a man to take any advantage of this opportunity for making an *ex parte* statement to the assistant commissioner, whilst I should trust that the latter would have too great a respect for the interests entrusted to him by the public to permit such a statement to be made to him; but I do think it would have been more decorous and straightforward had their first salutations been exchanged upon the threshold of the board-room, for fair play is a jewel so precious in the eyes of every true born Briton, that its brilliancy should not be sullied even by the breath of suspicion. Well, the investigation came on—a star chamber inquiry of course. As an accused party I objected to be put upon my oath, and my statement was given upon honor. The commissioner was very inquisitive to know if I was in the habit of ordering a dietary for my club patients; what he was driving at I do not know, nor could I make out whether any body else in the room besides himself and the chairman understood his drift. When I stated that my assistant had advised Durbin's wife to apply to the relieving officer, the chairman asked me very unceremoniously how I could be sure that my assistant told the truth. I answered, "because he is a gentleman, and I dare not doubt his word." Surely the chairman must have felt his case a very lame one if such quibbles and props were to be brought forward to support it. However, the broad stone of accusation against me must be fairly exposed. It appears, that at the memorable meeting of the board on the 21st of March, the request by the relieving officer for medical relief for the three children of poor Durbin was negatived by three very decided and very rapidly uttered "Noes" from the chairman, so that unless he can shift the saddle upon some other back, it will be found a good fit for his own; and the board, collectively, are only so far to blame as they allowed the chairman to utter his opinions so decidedly and rapidly, knowing as they must that his opinions are occasionally hastily formed, quickly uttered, and tenaciously adhered to. Now there is yet another back to put the saddle on, and that is my own, so the chairman declares that I ought to have addressed the board in favor of this family—that my not having done so is the cause of all the evil that has arisen in the case—that I had done so in other instances, which he was prepared to prove—and how does he prove it?—by bringing forward, as a *precedent*, a note of mine, addressed to a relieving officer of another district, recommending meat and beer for a convalescent, which note is dated more than *two weeks* after the application to the board for Durbin—viz., April 7. An *ex post facto* occurrence as a *precedent!* If there was any *precedent* in the case, Durbin's affair was a precedent for this note; and truly such a tragedy might have justified any application of the kind. But let us sift this matter a little further, and let us see how far, even barring the anachronism, the cases are parallel. The note alluded to was written under the following circumstances:—I had attended one William Barnett, a club patient, at Walton, in Gordano, for two months, in acute rheumatism. He was convalescent, but very weak, and in this condition applied to the relieving officer of the district for relief; the relieving officer requested the medical officer of the district to visit the man, and report his necessities; the medical officer of the district, however, thought I could better state the man's requirements, as I had been his regular attendant; told the relieving officer this, and afterwards requested me to write a statement for him to the relieving officer of what diet the patient stood in need, which I did on the 7th of April, and thus furnished to the chairman a precedent for what had occurred two or three weeks previously, and under diametrically opposite circumstances! "Oh! (says the chairman) but this may be only the last link of a chain of which the former links may be in existence in other places." "Then wait, sir (I answered), until you have discovered the other links, and then, but not till then, forge the chain to hang around my neck." In fact, I am positive I have never given any order for meat, wine, or other necessaries, without having previously received a medical order from the relieving officer or other competent authority. In the present instance, the relieving officer so promptly visited the applicants, and so accurately reported their necessitous condition to the board, that the only wonder is how the board could stop their ears and steel their hearts to such a tale of misery; and if the relieving officer durst speak his opinion he must acknowledge he was petrified with astonishment at the thrice repeated "*no*" from the chairman to the application for medical relief. One observation of the chairman, in answer to my defence before the assistant commissioner, I must not pass over, as it either condemns himself or the system; I think the former. He said the relieving officer's report came before them as a mere ordinary case, and was passed over, as twenty others might be. What a chairman, thus to pass over catalogues of misery, want, destitution, disease! or what a system, thus to put into any chairman's power the opportunity to disregard the miseries of his fellow-creatures, unless, perchance, some officious individual goes out of his way to corroborate the graphic statements of the officer whose duty it is to make all preliminary inquiries, and report them to the board.

And now, Sir, having made my statement, I have only to add that towards the chairman, *personally*, I have not a spark of unkind feeling; in fact, I believe him to be a kind-hearted man; but he is, as I have before stated, sometimes a little too hasty in forming his opinions. In a moment of inconsiderateness he said "no," when he ought to have said "yes;" and few of us, however much we may believe in the fallibility of human nature as it exists in others, are willing to acknowledge its existence in ourselves, or, if we allow it in the abstract, we cannot bring ourselves to allow it in particulars. I cannot, therefore, be surprised that in the instance above alluded to the chairman should pounce upon me as the scape-goat for his error; when I remember that I am a medical officer of the union, and that this is not the first time that the active magistrate and attentive chairman who figures in this business has entertained a different opinion from myself upon the subjects at issue before the board.

I am, Gentlemen,

Your obedient servant,

THEODORE DAVIS.

Tickenham-house, near Bristol,
April 21, 1843.

DARTRES OF THE PERINEUM.

Dr. Barosch, of Lemberg, was consulted by a young man, about twenty-eight years of age, for a dartrous eruption affecting the perineum and scrotum, with which he had been afflicted from his sixteenth year, and the irritation from which was such as to cause him to be continually applying his hands there, so that he was obliged to avoid society. He had consulted the most famous physicians in Hungary, but the only thing that seemed at all to relieve him was the cold water hip-bath. When he consulted Dr. Barosch, he was exhausted by suffering, insomnia, loss of appetite and despair; the skin was dry; the entire perineum, scrotum, and internal surface of the thigh were covered with deep brown, hard crusts, surrounded by bleeding fissures caused by the nails of the patient. Below these crusts the skin was hard and thickened. The fall of the crusts alternated with an acrid discharge. Kœchlin's liquor having failed, Dr. Barosch prescribed the external application of iodine as follows:—Fifteen grains of iodine and two scruples of hydriodate of potass dissolved in five ounces of distilled water and one ounce of spirits of wine; make a lotion. The topical application of this solution continued for several hours, caused at first a burning sensation, which was, however, very tolerable, and was soon followed by a relief such as the patient had not experienced for two years. The use of this lotion was continued for three weeks, the patient taking baths frequently during that period, at the end of which time the cure was complete.—*Oesterr. Medecin. Wochen.*

BLEPHAROPLASTIE.

Dr. Baumgarten was consulted about a child, six months old, which had a large oval nævus maternus on the lower eyelid of the right eye, extending down to the cheek. Pulsations isochronous with the pulse could be both seen and felt, and as the period of its bursting could not be far distant, to judge from its appearance, Dr. Baumgarten determined to remove it by extirpation and to replace the loss of substance by blepharoplastie. In effecting the extirpation of the nævus, it was found that the vascular dilatations extended so deeply, that the orbiculous muscle was cut across, and the incisions penetrated into the cavity of the orbit. The hæmorrhage was less than might have been expected. The flap to cover in the large wound that had thus been made was taken from the temple and united to the vicinal parts by four sutures. In spite of the continued application of cold water, some swelling of the face followed, but soon subsided. Union by the first intestine took place throughout the part operated on by the third day, and by the fourth the last suture was removed. The wound of the temple suppurated freely, the edges, however, being drawn together, and the bottom filled with healthy granulations. In another week the loss of substance on the temple was replaced, and the cicatrices of the eyelid were scarcely visible.

A somewhat similar operation was performed by Ammon on an old man, laboring under cancer of the lower eyelid, with success as far as regarded the process itself; but the cancerous disease unfortunately returned, and the patient refused to submit to any further proceeding.—*Annales de Chirurgie*, January, 1843.

MICROSCOPIC CHARACTERS OF THE URINE IN MORBUS BRIGHTII.

The urine in this disease, when examined microscopically, exhibits granules and corpuscles of varying form and size, the larger of which might be mistaken for the pus globule by careless or inexperienced observers. The serum of the blood is regarded by Dr. Rees as the probable source of these bodies, and he has observed that analogous granules and corpuscles are deposited from that substance, after dilution, by a liquor of light specific gravity. In other respects coagulable urine presents the ordinary appearances under the microscope; the solid ingredients, or chrystallisable products, exhibiting when present their usual characteristics. Some specimens show very well the large form of granulated mucous globule known as the secretion of the prostate.—*Guy's Hospital Reports*, April.

EMPYEMA, AND ITS TREATMENT BY PARACENTESIS.

Dr. Frederic Bird, at a meeting of the Westminster Medical Society, made some observations upon the diagnosis of certain forms of pleuritic effusion and on their treatment by the operation of paracentesis. He alluded to the varying and opposite definitions which had been given by authors to the term empyema, and stated that in the remarks he was about to make he should employ it as designating a collection of fluid within the chest resulting from previous inflammation, without reference to the physical or chemical characters of the fluid itself. After alluding to the comparative frequency of the symptoms and physical signs usually described as indicating the presence of effusion within the chest, he proceeded to point out the differential sounds by which the character of the effusion might be diagnosticated, referring chiefly to the condition of the intercostal spaces, which he believed rarely became protruded from large accumulations, unless the latter were of a purulent character, in support of which he cited several cases. In the first of these cases he had removed more than an hundred ounces of serum by tapping, in which the intercostals were retracted; in the second, a very small quantity of pus had been sufficient to cause intercostal protrusion; and in the third, five pints of serum had been present in the left pleural cavity without producing any such projection, but the patient again becoming the subject of pleuritic effusion presented this sign in a very marked degree, and dying, discovered the collection of fluid to be purulent.

As an evidence of fluid within the chest he had, in all the cases which had come beneath his notice, observed a remarkable condition of the infra-clavicular region in the affected side, which, from the frequency of its occurrence, he was disposed to believe deserved some attention. He alluded to a marked prominence of that region which, by comparison with the corresponding part on the opposite side, became very apparent; percussion elicited marked resonance, and the respiration was puerile—physical signs produced by the increased action of that portion of the lung which, by its situation, is, to a certain extent, protected from the pressure of the fluid—the apex.

In speaking of the greater value of the treatment of pleuritic effusions by paracentesis, he by no means denied that the more usual remedies might effect the absorption of the fluid, but that its mere removal could not, in the majority of cases, be said to constitute recovery; the disease itself might be thus removed, but its effects remain, and a partially or wholly irrespirable lung is left as the evidence of imperfect cure; the lung could not long be subjected to the action of the surrounding fluid, and to the changes which the latter may undergo, without becoming so altered in structure as to be incapable of expansion. In addition to the local effects, those developed in the system frequently favored the supervention of other diseases. The low inflammatory action commonly coexisting with empyema is frequently not limited to the parts immediately involved by the disease, but, travelling to adjacent structures, may give rise to bronchitis, pneumonia, and even pericarditis. But one of the most important complications supervening upon chronic cases of empyema, and which he regarded as one of the strongest arguments in favor of the treatment by early operation, consisted in the deposition of tubercles in the opposite lung. Two cases were related as examples of this kind, in which the advanced ages of the patients, as well as their previous history, negatived the idea of tubercles having pre-existed the pleuritic effusion, an opinion which was supported by the fact that no trace of tubercular deposit could in either case be detected in the lung which had been subjected to the pressure of the fluid. Dr. Williams had also described a similar case. It was difficult to explain the occurrence of tubercular deposits in these cases, but the fact of their being limited to the opposite lung would serve to show their association with, if not their dependance on, increased respiratory action. From an examination of the results of the cases which had fallen within his observation, and had been treated by tapping, the ratio of cured to fatal cases was as seven and a half to one, the complete restoration of the lung being in the inverse ratio to the time which had elapsed from the accession of the primary symptoms to the period of operation. In advocating this plan of treatment he was but carrying out the views of Dr. H. Roe, who had long adopted the practice of removing the fluid in all cases of empyema before the lung had become affected by the compression thus exerted. It was very difficult to state the probable time beyond which paracentesis could not be expected to produce the most beneficial results; in the cases he had alluded to, from four to six weeks had elapsed prior to the removal of the fluid, but the lungs had expanded completely; in cases tapped after the lapse of a greater interval complete restoration of the lung rarely resulted, and in some it had remained permanently incapable of respiration.

In operating in the cases of empyema, when that disease existed on the left side, the fifth or sixth intercostal space had been selected, the opening being made in a line with the axilla; on the right side of the chest the puncture had been made between the fourth and fifth ribs. A small hydrocele trocar had been employed, an incision having been previously made. He was opposed to the belief that mischief ever resulted from the admission of air under these circumstances; he spoke from the experience of more than twenty operations, in each of which air had entered the chest through the canula, and in many to so great an extent as to produce the same amount of pressure on the lung as had previously been produced by the accumulated fluid; a few hours generally sufficed for its removal, and in proportion as the lung became capable of expansion the air disappeared, and he had never seen even uneasiness caused by the admission of air into the chest.—*Lancet.*

NITRATE OF POTASH AS A REMEDY IN SPASMODIC ASTHMA.

Dr. Nicolo Frisi has employed the nitrate of potash in the treatment of spasmodic asthma with much success. His method consists in preparing thick, porous paper, by saturation with the salt, and which, being subsequently dried, is then burnt in the chamber of the patient, whenever the asthmatic paroxysm appears to be approaching. Another modification of the treatment is to cause the patient to smoke the paper thus prepared.—*Filiatre Sebezio.*

CASE OF RUPTURE OF THE ŒSOPHAGUS.

In a paper contained in the "Guy's Hospital Reports" Mr. Wilkinson King relates a case of sudden illness, followed, in fifteen hours, by a fatal result, in which it is difficult to determine the exact cause of death; and from the history of the attack, the supervention of acute symptoms, and the rapid course of the disease, the case assumes much interest in a medico-legal view.

The subject of the case was a cabinet-maker, of intemperate habits, aged twenty-four, who had, for many months, complained of epigastric pain, anorexia, occasional sickness, and flatulence. He had been to a public supper with his fellow-workmen, and was taken with a feeling of sickness at nine o'clock in the evening. At three o'clock in the morning he was suffering from severe pain at the epigastrium and orthopnœa; the abdominal muscles were rigidly contracted; countenance anxious; pulse soft. An emetic was ordered, but did not produce any effect; at seven o'clock another was administered, and was equally ineffectual; the stomach pump was then employed, but with no effect, and at twelve o'clock death ensued. On making an examination of the body, twenty hours after death, the head, chest, abdomen, and scrotum, were found emphysematous; the abdominal muscles rigid. On making an incision from the neck to the pubes, air escaped with a whizzing noise; and a wound having been made in the epigastric region the stomach protruded through it. Fluid of a dark color was contained in the chest; the pericardium acutely inflamed; the lung, on the left side, was contracted; and castor oil (which had been administered nine hours before death) floated on the fluid in the pleura. A large rent was discovered in the œsophagus, as it passes through the diaphragm, filled up by ingesta from the stomach; portions of food were also found in the posterior part of the chest; the stomach and intestines were greatly distended; the liver somewhat myaisticate; and the kidneys healthy.

On this case Mr. King remarks, "The orthopnœa, superficial emphysema, and pericarditis, seem sufficient and solid grounds on which to build an explanation of the probable cause of death. The last indicates inflammatory disposition, and the first a positive obstruction to respiration." It may be advanced that the patient was carried off by the pericarditis, or some deeper inflammation of the heart; but, judging from what I have seen before, I rather suppose the case was one of sudden inflammatory tumefaction of the larynx, which, indeed, is a common cause of death, though little noticed. The pericarditis began before the dyspnœa, and I impute to the latter the production of emphysema, though by no means definitely. We know that violent efforts of respiration rupturing the air-tube do cause the extravasation of air into the cellular tissue, as well as the fracture of a rib. In the case related, the air seems to have been diffused from the neck. It is not much to be surprised at that, with inflammation already begun, eating and drinking should have precluded all benefit from the remedies.

COMPRESSION IN CHRONIC HYDROCEPHALUS.

M. Hirsch has published another example of the efficacy of compression in cases of chronic hydrocephalus.

A child, eleven months old, labored under this affection; the head was large, fontanelles open, and all the sutures widely separated. The lower extremities were paralysed. On the 11th May a mixture, containing infusion of bark, digitalis, and sweet spirits of nitre, was administered, and mercurial frictions were made on the head. The paralysis gradually disappeared under the influence of this treatment. On the 28th the head was enveloped with strips of sticking plaster, which compressed it on all sides; the plaster was renewed on the 28th of June and the 4th of September, and in February it was found that the fontanelles and sutures were completely ossified. The child had begun to walk and speak.—*Casper's Wochen.*

ELECTRICITY IN DISEASES OF THE EYE.

M. Demarchi has made numerous experiments to determine the effects of electricity on the different tissues of the eye, and concludes from them that it is more easy to produce opacity of the cornea by this means than to remove it.—*Giorn. Delle Sc. Med.*

ON REVACCINATION, BY M. TOMMASINI.

The epidemics of small-pox, which have appeared in various parts of Italy during the last few years, have afforded Italian practitioners an excellent opportunity of studying many points connected with it. All the medical men, and M. Tommasini in particular, agree in stating that the persons attacked by small-pox after vaccination were either adults or individuals who had been vaccinated for many years previously. When the disease occurred in children recently vaccinated it was a simple varioloid or varicella. From the facts thus observed the celebrated professor of Italy concludes that the preservative influence of vaccination lasts about ten or twelve years; hence, he advises that revaccination should be had recourse to after the lapse of this period.—*Il. Ra. Med.*

INFLUENCE OF SEASON ON THE PRODUCTION OF PNEUMONIA IN CHILDREN.

The season of the year has always been regarded as exercising considerable influence on the development of pneumonia, which has been generally supposed to be most frequent in the later winter and early spring months. The proportion borne by cases of pneumonia to all the cases, 2,450 in number, that came under my notice at the infirmary for children in 1841 and 1842, taking the mean of the two years, is shown to have been, during each three months, as follows:—

In 1st three months	5·1	per cent.
In 2nd „	2·5	„
In 3rd „	3·8	„
In 4th „	5·8	„

Although this table does not quite accord with the generally received opinion as to the season when pneumonia is most prevalent, yet it tallies exactly with the results presented in the third report of the Registrar-General. It appears from that document that the greatest mortality from pneumonia among persons under the age of fifteen years takes place in the month of December; and, on a comparison of the different quarters of the year, it will be seen that the deaths from pneumonia are, to the deaths from all causes of persons under fifteen, in the following proportions:—

In 1st three months	15·3	per cent.
In 2nd „	11·4	„
In 3rd „	8·9	„
In 4th „	18·7	„

—*Dr. West, in Brit. and For. Med. Review.*

TREATMENT OF PNEUMONIA.

Some very interesting results have been obtained by Grisolle in reference to the influence of blood-letting on the progress of pneumonia from the first to the second stage; and as he advises blood-letting much in the same way as we do in this country, I may shortly notice his observations, in order to contrast them with what he found to occur in cases treated by antimony alone. He bled forty-six cases in the first stage of the disease, and yet all, with the exception of ten, passed into the second. He treated forty-four cases with antimony alone, and they were not selected because improper for blood-letting, or because the disease was trivial, for in thirty-five it had already passed into the second stage, and one in seven of the whole number died. The effects of the antimony were much more strikingly beneficial than those of the blood-letting had been in the other cases. In those who recovered, the principal *symptoms* began to amend on the first or second day for the most part, and the local signs continued to increase for several days only in a single instance, while in eighteen cases they began to improve at the end of the first day. That blood-letting should have been practised in some of these cases he admits, referring more especially to three of the six cases that died, in which he says that the circulation was unusually vigorous. We learn from these various researches, not that the one or other practice should be exclusively adopted, but that it is not necessary to repeat the blood-letting so often as the patient seems capable of bearing it—that much of the cure may be safely entrusted, in a great many cases that would still admit of depletion, to the antimony—and that, since antimony alone is evidently so potent a remedy, we have no reason to despair of ultimate recovery in cases that will not bear the evacuation of blood—a remark which can seldom be made of any other considerable inflammatory disease than pneumonia.—*Professor Henderson, Lond. and Edin. Monthly Journ.*

NEW REGULATIONS AT THE WESTMINSTER HOSPITAL.

"The physicians and surgeons of the Westminster Hospital, believing that great advantages may result by making the situations of house surgeon and physicians' clinical assistant rewards for great merit, zeal in the pursuit of knowledge, and professional attainments, have resolved—

That they will hold examinations half-yearly or yearly of the students of the hospital and school, whom the lecturers of the school may recommend to them as candidates for the offices above mentioned, and if they find two of them duly qualified, they will recommend them to the weekly committee for the appointments of house surgeon and physicians' clinical clerk.

That if the physicians and surgeons should not find two of these gentlemen sufficiently qualified in every respect for these appointments, they reserve to themselves the right of recommending students who may apply from other quarters.

That the students of the school shall, if appointed, have these offices free of expense; but if students are appointed from other sources they must pay the usual fee of eighty pounds.

That for the purpose of encouraging the students to increased diligence, as well as of training them for their offices under the superintendance of more experienced persons, they will appoint half-yearly assistant or junior house surgeons and physicians' clinical assistants."

April 11, 1843.

SOMNAMBULIC DOGS.

One of the most interesting and (as we are gravely informed) convincing proofs of the truth of Mesmerism has recently been crushed in the bud by the ignorance and perverse activity of the French police.

Driven from the scientific societies, and finding that public credulity was becoming rather slack, the Mesmerists hit on a novel expedient, which at least had the merit of silencing all accusations of trickery and collusion. They hired a small theatre, and brought out a company of somnambulic dogs. But the wickedness of man respects nothing, and the brightest plans are often blasted by the most ignoble of persecutors. Scarcely had the actors placed their four paws on the stage when the *sergens de ville* rushed in, and consigned both beasts and Christians to the safe keeping of the station-house.

A HINT TO MAGNETISERS.

M. Richard, professor of magnetism, and Mlle. Virginie Plain, somnambulist, have been condemned to six months' imprisonment by the police magistrates at Niort (France), under an accusation of "swindling."

NUTRITIOUS FARINA.

We have received from Mr. Bright specimens of his "sanative breakfast beverage" and "nutritious farina," with a request that we would favor him with our opinion thereon. We have consumed the "cocoa," and found it an agreeable beverage. To determine the nutritious properties of any article of diet would require a long and careful series of experiments, which we have neither time nor inclination to make; but if the "farina" merit one half the praises bestowed upon it in innumerable medical certificates appended to the packet, it is a wonderful production indeed.

OBITUARY.

On the 20th inst., at Bradwall-hall, Cheshire, in his eighty-second year, John Latham, M.D., formerly president of the College of Physicians.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, April 21, 1843.

C. E. Hatherly, F. Manning, G. P. H. Milsom, A. W. Gabb, S. Curtis, R. H. Bradley, J. Williams, T. Pollard, E. Dewes, W. Pollard, W. Millington, C. Scaife, T. Slater.

APOTHECARIES' HALL.

Licentiates admitted Thursday, April 27, 1843.

William Peskett, Petersfield; William Simpson, Wyken-hall, Suffolk; John Jeffes Sparham, Blakeney, Norfolk; John Butter Ashford, Plymouth; John Thompson, Whitehaven; Charles Richard Francis, Bengal; John Spencer, Suffolk; Thomas Taylor, Witney.

BOOKS RECEIVED.

Traité pratique sur les maladies des organes génito-urinaires. Par le Docteur Civiale. Première partie: maladies de l'urètre avec trois planches. Deuxième edition. Paris: Fortui, 1843. 8vo. pp. 588.

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TO CORRESPONDENTS.

The letters of *Mr. D. Barker* and *Mr. W. Bodington* have been received and answered.

Mr. T. D. will perceive that the correction has been made.

We thank our correspondent for the *Dorchester Chronicle*, and shall avail ourselves of its contents when an opportunity offers.

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LETTERS AND COMMUNICATIONS TO DR. HENNIS GREEN, 58, MARGARET STREET,
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Printed by Samuel Taylor, at his Office, No. 3, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand and Published by Henry Renshaw at his residence, No. 356, Strand.—Saturday, April 29, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 136.] LONDON, SATURDAY, MAY 6, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CLINICAL LECTURES

DELIVERED AT

UNIVERSITY COLLEGE HOSPITAL.

By JOHN TAYLOR, M.D.,
Professor of Clinical Medicine and Physician to the Hospital.

LECTURE III.

Rheumatism with pericarditis—Diagnosis between hypertrophy of the heart and effusion into the pericardium—Importance of examining the heart in all cases of rheumatism—Tendency to pericarditis to produce hypertrophy—Convulsive movements attending rheumatism—Treatment by calomel, muriate of morphia, and venesection—Disappearance of the friction sound.

Sarah Fairbanks, admitted Friday, November 18, 1842, under Dr. Taylor; of ordinary conformation, phlegmatic temperament, pale tallowy complexion, single, exposed, by her occupation as a bar-maid at an hotel, to changes of temperature. Her mother is living, and in the enjoyment of good health; her father died at the age of thirty, from phthisis; she is liable to no particular disease, and is habitually strong; never had rheumatism before. Six weeks ago she felt very poorly, complaining of pain throughout her body, with feverishness, and was then confined to her bed for three days, since which time she has suffered pain in her ankles. She can trace the attack to no other cause than being exposed to draughts, while standing in the bar. On Wednesday last her knee became very painful, so as to be unable to move it. At present there is swelling of the right knee, from some effusion into the capsule, and indistinct fluctuation, with tenderness, but without redness; the right foot is swollen, with tenderness of the ankle and redness about the dorsum of the foot; she has had pain in the arms, but has none at present; pains worse at night, but not much changed by heat or cold; has had no shivering; skin is rather hot; appetite impaired; pulse 108, and small; tongue covered with a thick, whitish fur; there is a bellows murmur at the base of the heart, with the first sound, heard also at the apex, but not so distinctly heard at the top of the sternum, and is indistinct or doubtful in the neck; urine is turbid, acid, with an abundant pale pink sediment, specific gravity 1025, not albuminous, the pink sediment redissolved by a moderate heat; catamenia appeared last week. She was ordered—

Acetous extract of colchicum, three grains;
Extract of aconite, a grain and a half. In a pill.
To be taken three times a-day.

Low diet.

Nov. 22. Great catching in both arms; brief spasmodic twitches or contractions of arms, forearms, and hands; the left ankle is much swelled; extreme tenderness at the lower part of the dorsal region. Omit the colchicum and aconite, and take—

Calomel, two grains;
Muriate of morphia, half a grain. Three times a-day.

23. Both ankles much swelled, but no redness; left knee more painful and more swelled, but no redness; right knee more painful and more swelled; distinct fluctuation; no catching in the arms to-day, but pain in them.

Physical Signs.—Dulness over a great extent of the chest; the dulness over the cardiac region extends over twice the ordinary space, it extends to the upper margin of the third rib; there is a morbid sound with the first sound of the heart, heard also with the second; the sound is heard most distinctly at the base of the heart, very distinctly at the top of the sternum, not audible in the neck; the impulse is scarcely increased, but more frequent than natural; pulse 128, small and soft, it is uncertain whether there is pain in the mammary region or not; respiration is loud under both clavicles; it is audible to the bottom of the chest behind; scarcely any difference on percussion behind; morbid sound at the base; is rough and short. To be cupped over the region of the heart to ten ounces.

25. The small joints of both hands are swelled; they are also red and tender; the ankles are better, not being red, and scarcely tender; there is superficial tenderness of the right side of the abdomen, and of the lower part of the chest; the morbid sound continues at the top of the sternum, but is heard chiefly with the first sound of the heart; it gets less and less on approaching the apex, and is barely heard there; percussion quite dull at the upper margin of the third rib; between that and the clavicle on the left side there is dulness, but less so than at the third rib; respiration is loud; pulse 116, and feeble; no catching of the hands or arms to-day; tongue thickly furred. To be bled from the arms to twelve ounces; the pills to be taken every four hours.

26. Blood buffed; redness of the wrists is less; pulse 120, fuller than it was, soft, and rather jerking; the murmur at the base of the heart is the same as before, or louder; it is more distinctly heard at the apex to-day; gums are not tender; tongue furred. To be bled to twelve ounces; increase the dose of the calomel to three grains.

30. Pulse 104, soft, tolerably full; murmur loudest at the second rib on the left side of the sternum, diminishes at the distance of half an inch; the murmur very indistinct, if heard at all, in the neck; pulse 108; she is much purged, having eight or nine motions in the day; this purging came on yesterday. She was ordered—

Chalk mixture, six ounces;
Powdered kino, two drachms. Three tablespoonfuls to be taken after each fluid evacuation.

Dec. 3. She is very ill to-day, almost constantly vomiting, with the purging undiminished. Omit the mixture.

Carbonate of soda, ten grains;
Diluted hydrocyanic acic, five minims;
Water, one ounce. To be taken frequently in a state of effervescence, with eight grains of tartaric acid dissolved in one ounce of water.

5. She is better to-day; the murmur at the base of the heart is loud as ever; there is a venous murmur in the neck, but none in the arteries; she is not purged to-day; nor is she sick; pulse 96.

7. Somewhat improved; murmur over upper part of sternum not quite so loud.

9. No murmur heard in the neck, or at the apex of the heart, that over the second rib much less loud and rough, but it varies somewhat; heart's action less frequent; pulse 92, slightly jerking; all pain has ceased. To have an aperient draught, to be taken directly.

12. Murmur over the second rib much diminished; pulse 90, less jerking; tongue covered with a yellow fur; bowels open. The aperient draught to be repeated.

13. The murmur was distinctly heard yesterday over the second rib, but cannot distinguish it to-day.

14. No murmur can be heard to-day; the second sound of the heart louder than the first; pulse 80, less jerking, soft; no pain in any part. Omit the mixture of hydrocyanic acid and carbonate of soda.

Iodide of potassium, four grains;
Peppermint water, one ounce and a half. A draught to be taken three times a-day.

Middle diet.

15. A slight murmur heard over the second rib; no pain in any part; pulse 90, still jerking.

19. No pain; feels stronger; a trifling murmur still continues at the base of the heart, heard only over a very small space; pulse 84, regular. To have full diet.

23. Murmur scarcely audible.

24. Murmur at the base of the heart has ceased. Discharged cured.

In lecturing on this case, Dr. Taylor made the following among other remarks :—

Diagnosis.—This was a case of acute rheumatism with heart symptoms. On Wednesday previous to the Friday on which she was admitted, the knee became painful and tender, but without redness; there was also pain in the arms; the pain, although worse at night, was not affected by heat or cold; the pulse was 108; the urine turbid, and depositing the pale pink sediment, consisting of the lithates, which is its common character in rheumatism; the specific gravity also of the urine was high, in consequence of the large quantity of solid matter it contained. There could be no doubt, therefore, of the nature of the disease, and the effusion into the joints was noticed which generally takes place in acute cases.

There were, besides, signs indicating disease of the heart; there was a morbid sound with the first sound heard at the base, less distinct at the apex, very distinct at the top of the sternum, doubtful if heard in the neck; the impulse of the heart was not increased, but there was dulness on percussion over a considerable extent—as high as the upper margin of the third rib. I concluded that the case was one of pericarditis, and not of valvular disease. This was not easy to determine from the mere sound, as the bellows murmur and the friction sound caused by pericarditis so closely resemble each other; but there is this distinction, that the morbid sound, although distinct at the top of the sternum, was not heard in the neck; now, if valvular, it was in the aortic valves, and would have been heard there. This was the only distinguishing character at the commencement, but this diagnosis would be confirmed in the progress of the cure if the sound disappeared. These circumstances I stated at the bed-side.

The heart was hypertrophied, but there was, probably, no effusion of lymph into the pericardium to any amount; this was shown by the dulness not extending higher than the third rib, whereas in serous effusion there is dulness as high as the second rib, or even to the clavicle. Every one has noticed the anatomical fact that the heart, when enlarged, increases in diameter transversely, but even in very great hypertrophy the dulness never extends higher than the upper margin of the third rib. It is necessary, however, to be certain in making this distinction, that the lung is quite healthy, any condensation of the summit of which would, of course, increase the extent of dulness. In addition, it is necessary to bear in mind that the dulness might arise from aneurysm.

The pericarditis was probably circumscribed, for the friction sound could only be heard over a small extent, and this agrees with what we see in many cases on examination after death, in which lymph is found deposited in patches. In this case, as in many others, there was no metastitis, the rheumatism continuing after pericarditis had supervened; the pericarditis, also, was unattended by pain in the region of the heart; this is common even in more severe cases, and shows the necessity of examining the heart in all cases of rheumatism, whether pain is complained of or not. We may suppose the heart to have been hypertrophied before the attack, or to have enlarged in consequence of the quantity of blood determined to it, the experiment of Piorry proves the latter to be a probable cause of hypertrophy; he found, on injecting fluid into the coronary arteries, that the heart was much increased in size, and, on opening it, that none of the fluid has passed into the cavities, the whole having been employed in producing the enlargement which had taken place.

According to the report we find that the morbid sound gradually disappeared, proving, as I remarked such a result would, that the sound was owing to the deposition of lymph, and not to valvular disease.

Besides the pericarditis there was another complication. It was observed, on the 22nd of November, that she had convulsive twitches of the arm and hand. accompanied with pain. This has been observed by Dr. Bright, and since by others, as occasionally occurring in cases of rheumatism, and he considers it to be a sympathetic affection and to resemble chorea, or it might be a rheumatic affection of the spinal chord; but there was no other proof of any affection of the chord, no pain or tenderness in the cervical region; it appeared, therefore, more likely, as supposed by Dr. Bright, to be a reflex movement transmitted from the excited nerves of the heart to the muscles of the upper extremities; for the patient was possessed of great nervous susceptibility; there was tenderness of the lower dorsal region, and corresponding superficial tenderness of the abdomen and lower part of the chest. These movements were several times observed, and continued for two or three days

Cause.—It appears that she was exposed to draughts in her occupation as bar-maid, but this cause was habitual, whereas the rheumatism was recent; there must have been, therefore, some recent predisposition or some other cause.

Treatment.—She was ordered the acetous extract of colchicum and extract of aconite three times a-day. This was continued for two or three days; but, not being much relieved, it was omitted, and two grains of calomel with half a grain of morphia directed to be taken three times a-day. On account of the pericarditis she was cupped over the region of the heart, and bled three times, the blood proving both buffed and cupped. On account of severe purging, and the mouth having become a little sore, the calomel and opium was omitted, and she took for a time the iodide of potassium. Under this treatment the murmur became less and less audible, and, at the time of her discharge, had entirely ceased. There was a venous murmur heard in the neck, as is very common during the treatment of acute diseases, and in this case evidently arose from weakness.

Bronchitis—Emphysema pulmonum—Lobular pneumonia—Morbus cordis—Death—Autopsy—State of the organs examined in relation to the symptoms—Lobular pneumonia usually a secondary affection—Foramen ovale open—Evidence of great congestion.

John Martindale, aged twenty-four, admitted on Monday, March 6, 1843, under Dr. Taylor; a man of stout conformation, by trade a dustman; habits unknown. It appears, from the imperfect account which could be gathered from his friends, that he has been subject for the last twelve months to a cough, but has never been entirely laid up. On Wednesday last his cough and breathing were worse, and he came home and went to bed in very low spirits, saying he knew he should not get better. His mother-in-law stated that he had no advice or medicine before his admission. His flesh was not wasted, and this was the first severe attack he had ever had. His father died of rupture of a blood-vessel; his' mother of a cough, and chest symptoms. Both were subject to coughs.

Present Symptoms.—On admission his feet and hands were cold, surface moderately warm and moist, lips and countenance livid; was lying on his left side; his intellect was clear; he was thirsty, and very much exhausted; indeed, so much so that a question had to be put to him frequently twice before any answer could be obtained; his respirations were frequent, his voice feeble, and a little short cough.

Physical Signs. — Exhaustion prevented much examination of his chest, but there was found on both sides, behind and low down, a large muco-crepitant ronchus; in front and at the right side low down there was fine crepitation; on the left side, under the clavicle, there was also large muco-crepitant ronchus, and sibilant and sonorous ronchi were heard wherever the chest was examined; the lower part of the right side was less resonant on percussion than natural; expectoration was not abundant; what there was was thick, yellow, and puriform; his pulse was 130, small and feeble; tongue was dry; he made water freely; bowels open.

A few ounces of blood were taken by cupping from between the shoulders about four o'clock in the afternoon, and the pulse became fuller, and increased in frequency about six beats. The cupping was continued to six ounces, and the pulse began to assume its former character. The patient felt relieved by the loss of blood, and his voice became stronger.

Tartar emetic, one-fourth of a grain;
Camphor mixture, one ounce and a half. To be taken every four hours.

A blister was applied to the chest, and a bottle of warm water put to his feet, which were cold. At nine in the evening he still continued in the same state, and as the tartar emetic did not make him sick, it was ordered to be given every two hours. During the night he retched several times, but brought nothing off his stomach; towards the morning he gradually got worse, and died about nine o'clock.

Autopsy.

On opening the body, both lungs were found adhering to the walls of the chest in many places; some of these adhesions were more fragile than others, but neither the old nor the apparently more recent adhesions were confined to any one spot, except perhaps at the back part of the lower lobe of the left lung, where they were firmer and stronger than elsewhere.

Right Lung.—There was some vesicular emphysema at the summit of the upper, and also some on the middle, lobe; there was also some sanguineous effusion under the pleura on the lower lobe, and some emphysema at the margins; some of the vesicles were as large as pin's heads, and these very large ones were much more abundant on the upper and middle lobes; when cut into, the lung was very pale and bloodless, as well as on the surface; redness was almost absent in the small tubes, and but little was visible in the large ones. Weight, one pound two ounces.

The *left lung* is emphysematous on the margins and at the summit; old and firm adhesions also exist on the surface of the lower lobe; it is also diminished in volume, and tough; the upper lobe is of a flesh-red color, more dense than natural, does not crepitate on pressure, and sinks in water; two inches of its summit are hepatised; the rest is everywhere paler than it should be, and emphysematous; the bronchial tubes are thicker in the upper lobe of the left lung than they should be. Weight, fourteen ounces.

Heart is large; the pericardium transparent; there is a large black coagulum in the left auricle, and some black imperfectly coagulated blood in the right ventricle; a little coagulum also in the left ventricle; the walls of this cavity are thick and firm, rather pale, cavity of ordinary size, lining membrane healthy; the mitral opening natural in size; aortic valves healthy, and a few opaque spots are found on the lining membrane of this vessel; the foramen ovale is open obliquely about a line and a half; the walls of the right ventricle are hypertrophied; the substance is firm, and larger than the left; the hypertrophy and dilatation which exist are both more marked at the base than the apex; the sigmoid valves are healthy;

the right auricle is hypertrophied and dilated; the orifice is about the natural size. Weight, eleven ounces.

Kidneys are both alike; their color dark, and tissue firm; full sized. Weight of right, five ounces; left, six ounces.

Spleen large and dark. Weight, six ounces and a half.

Liver full sized, of a dark color, and firm; its texture contained much blood. Weight, three pounds fourteen ounces.

Brain externally congested; firm. Weight, two pounds nine ounces.

The *intestines* were not examined, but their external surface was dark and much congested.

Symptoms and Diagnosis.—It appears that the patient had been subject to dyspnœa for the last twelve months, and a few days before his admission the cough and dyspnœa increased, and he went to bed declaring that he should die. When he was admitted he was almost in a moribund condition; the dyspnœa was very great; pulse was very small and weak; there was large muco-crepitant ronchus heard on both sides of the chest posteriorly, and sonorous and sibilant ronchi wherever the chest was examined. He was cupped, and a few doses of tartar emetic given, but he died the day after he was admitted. The case was evidently one of chronic bronchitis and emphysema, to which an acute attack was superadded, of which the patient, having no medical assistance, died in less than six days from the commencement.

Morbid Appearances.—On examination after death, old adhesions were found on both sides of the chest, and there was vesicular emphysema in various places in both lungs, but the volume of the lungs was not much increased or diminished. The air cells were very much increased in size, and the lungs, when cut into, were paler than natural, owing to the blood being mechanically excluded by the pressure of the air contained in the dilated cells.

The bronchial tubes were found to contain a quantity of bloody mucus, but the mucous membrane was neither reddened nor thickened; and this absence of any sign of inflammation in the mucous membrane I have constantly found to be the case in numerous instances, on examination of persons who had been during life the subjects of bronchitis.

The bronchial tubes were very much thickened, and the cartilage increased, which caused the calibre of the tubes to be greater than natural. Over the surface of the left lung were scattered spots slightly elevated, each about the size of a nut, red, dense, firm, not crepitating, sinking in water, and presenting all the characters of hepatisation. This condition of the lung has been called lobular pneumonia; it is most frequently found in children, occurring in conjunction with bronchitis; in adults it is usually a secondary affection, either supervening on some acute disease, or on bronchitis, as in this case.

The left ventricle of the heart was both dilated and enlarged, the right also dilated; the amount of hypertrophy was shown by the weight of the heart, which was eleven ounces, the average weight being not more than nine ounces. The dilatation of the right ventricle might be easily accounted for; it most probably depended upon the disease of the lungs, which caused the blood to accumulate in the right ventricle, in consequence of the obstruction to its passage, which existed in the lungs. For the hypertrophy of the left side of the heart there was no obvious cause; there were no traces of pericarditis, endocarditis, or disease of the valves, tending to show that inflammation had formerly existed, and had given rise to the hypertrophy.

The foramen ovale was open in this case, as it is in many others—a fact of no importance, as, in consequence of the obliquity of the opening, it would be closed during the systole of the heart.

The liver, spleen, kidneys, veins of the stomach and intestines, were found in a state of great congestion; the veins, also, of the brain in a similar condition; this is what we should expect to find in cases of obstructed circulation.

ALLEGED POISONING BY OPIUM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—When a professional man's character is traduced, or his reputation vilified, I am sure you will not require any apology for sending a second letter on the subject; if you did, I would quote Shakspere, " Who steals my purse," &c.; but that is unnecessary.

After reading a second time the account given in the Provincial Journal of an inquest in the neighbourhood of Clare-market, I feel more fully convinced of the great extent of injustice done to Dr. Johnson. The case may be briefly stated thus: Mrs. Vaughan's child had been ill some days, as she supposed from hooping-cough, when she took it on a Saturday afternoon to Dr. Johnson, who prescribed anodyne and antispasmodic medicine for it, after the administration of which, at intervals, during Saturday night, the child continued drowsy until ten o'clock, p.m., on Sunday, when it awoke, having had as good a night as could have been expected. It continued in a satisfactory state to the parents (under the circumstances) during the remainder of the day, and until a quarter before two o'clock, a.m., on Monday, when they again thought it necessary to seek medical advice. At this time it was observed to be evidently much weaker, and altogether worse. It died at a quarter before six, a.m.

According to Mr. Taylor's evidence, if the opium used in preparing Dr. Johnson's paregoric elixir was three times as dark-colored as that used for his own, Mr. Taylor would think Dr. Johnson's three times as strong; or, if Dr. Johnson's mixture contained an addition of sweet spirits of nitre, or any other spirit, that addition would make him consider it to be stronger of opium in proportion to the additional spirit. However, it appears that the child may or may not have swallowed eight drops of laudanum at four doses in the course of sixteen hours (the last dose at eight, a.m., of Sunday); that it was as well as it could be under its disease, from one, p.m., on Sunday to one, a.m., on Monday; but that it died the following day. So that the witnesses would have us believe that although these (two drop) doses of laudanum did not take effect during the afternoon of Sunday nor the early part of the following night, yet, that they poisoned the child in its sleep at a quarter before two o'clock, a m., on Monday, of which poisoning it died within five hours from that time

On a reference to my day-book I find that I have lately given to a child, aged thirteen months, for a spasmodic cough, two drops of laudanum twice a-day; to a child, aged two and half years, three grains of Dover's powder occasionally, when the pain was troublesome; and to a child, aged five years, four drops of laudanum occasionally when a cough was distressing, and four grains of Dover's powder at night, with complete success. I admit that discernment and discretion are requisite when administering large doses of laudanum to children, but I maintain that the success of the treatment in severe cases, when neither smaller doses nor anything else will answer, proves the necessity of it. The parents of children at four or five years of age frequently give eight or ten drops for a dose, and I have known larger doses given with impunity.

It must have been doubtful whether or not the enlargement of the heart was congenital; and to say decisively that it was of recent production, and that it was in this case increased by opium, shows, to my fancy, an unwarrantable degree of confidence in forming a hasty judgment. And to say that the child was poisoned by opium was not only stepping improperly out of the way in giving evidence against a brother practitioner in the profession, but the statement was also calculated to mislead the jury, and, by their verdict, to create a strong prejudice in the minds of the public against the only efficient remedy in some cases of constitutional disturbance or of violent spasmodic attacks in irritable habits, and thereby wantonly to perplex and obstruct medical men in their endeavours to relieve the sufferings and to restore the health of children who are laboring under severe and dangerous affections.

The following questions naturally occur to a medical man:—

1. Did the child "get fresh cold" whilst returning home from Dr. Johnson's?

2. Did it become worse at a quarter to two, a.m., on Monday, and die in consequence of having taken the anodyne mixture, the last dose of which was given at eight, a.m., on Sunday?

3. Did it die in consequence of the omission of the medicine after eight, on Sunday?

4. Did it die in consequence of the application of leeches at a time when it was beginning to rally?

5. Was the child born with some imperfection of its heart?

6. Was there sufficient disease to account for death without any human means or agency?

7. Was the manner of this child's death that of a child dying from an over dose of opium or from heart disease?

8. Did it die from natural causes? or was any one blameable for neglect or for improper treatment of it?

Almost every medical man, after due consideration, would make the answer serve, by saying from "natural causes."

We are not to neglect children from an apprehension that we may accidentally meet with an unusual casualty. In vol. i., p. 32, of the late "Sir A. P. Cooper's Lectures" (Tyrrell, 1824), we find a man may die from the shock given to the sensorium by an operation, or even by the thoughts of one; but it does not follow that in future no such operation can be justifiably recommended nor performed. When we have a duty to fulfil which may, by chance, lead us into unmerited disrepute—that chance is no reason why we should not do our duty.

It was remarked, and agreed to, by eminent physicians at a late meeting of the Medico-Chirurgical Society, "that the prejudices of the ignorant may at once deprive us of an important remedy; or, if we have had the boldness to employ it, it may deprive us very wrongfully of character."

I repeat that it is not justifiable to give untenable evidence, before a jury who are ignorant on the subject, against a medical man who has administered a potent medicine, and to create a needless alarm in the minds of the public with regard to active remedies.

Remaining, Gentlemen,

Yours, very respectfully,

W. Allison.

East Retford, May 1, 1843.

SECOND REPORT
OF
PRIVATE MEDICAL PRACTICE FOR 1841.

By Charles Cowan, M.D. E. and P.,

Physician to the Royal Berkshire Hospital and Reading Dispensary, &c. &c.

[*For the Provincial Medical Journal.*]

In the "Lancet" for June 11th, 18th, and 25th, 1842, we published our First Report for 1840, as illustrative of the system of registration recommended to the members of the Provincial Association, describing the method we had adopted for arriving at general results, and pointing out the advantages that might accrue from such a system, were it more extensively followed.

The present Report, like the former one, includes all cases which have come under the writer's notice during the year, exclusive of those treated at our public institutions, and is equally limited in its details to the facts recorded in the register. These are, no doubt, very meagre and imperfect, but yet we believe they are not wholly destitute of interest or utility, and, at all events, involve as much information as average diligence can extract from any large number of cases; and were the same system adopted by numerous observers, materials would accumulate from which valuable deductions of a local and general character might ultimately be derived.

To attempt too much is practically to fail; and where the number of cases is large, the details recorded must be proportionately few. Were the observer to restrict himself to a single disease, or if the total number of patients were small, the value of a report would be materially increased; and it might then prove more profitable, after having pursued the registration of every case for two or three years, for the observer to direct his attention to particular groups of disease, with a view to their more detailed analysis.

Subsequent experience has only additionally convinced us both of the convenience and advantage of systematic registration, tending, as it does, to fix the attention, to excite fresh interest in what are often otherwise onerous and unremunerating duties, and to perpetuate a brief record of cases which is always valuable for reference, enabling us to avoid that awkward re-questioning, which is both disadvantageous to the practitioner and annoying to the patient.

All may not have either the time or the courage necessary for statistical analysis, but each would reap much practical convenience from the daily registration of cases, and be collecting materials which the diligence of another might afterwards explore and fructify.

In addition to the plan previously adopted, we have, in the present instance, collated a variety of practical experience in the treatment of particular diseases, principally collected from the periodical literature of the last ten years, and chiefly consisting of what has not been incorporated into our current treatises upon the subject. Much valuable information is contained in the pages of our weekly journals, but, unless extracted and classified, it soon ceases to attract general attention, and makes no lasting impression upon the mind. Our object has been to revise and re-arrange what has appeared most worthy of notice, with the hope of assisting the student and junior practitioner, by suggesting fresh therapeutic resources, and widening the sphere of individual research.

We do not, of course, pledge ourselves to the truth of what others have advanced, not doubting that more or less error attaches to the conclusions of the most judicious observers when attempting the difficult task of determining the true value of particular treatment; but we have endeavoured to select the most trustworthy statements, believing them to contain sufficient truth to entitle them to serious attention, and that they are well calculated to augment the experience and skill of the practitioner.

We are fully alive to the desirableness of rigid numerical evidence on the efficacy of medicines; but, with very few exceptions, we know not where it is to be found, and cannot forget the fact that as much, if not greater, error may be propagated by figures as by the least precise and most general assertions. The true value of observation is derived rather from the observer than from the method employed. Correct observations can only be collected by minds fitted to observe, and the necessary knowledge, talents, and perseverance, are so rarely combined, that such investigations will ever be few and far between.

We cannot, however, suspend the treatment of disease because our estimate of the means we employ is incomplete; and, in the absence of demonstrable facts, we know of no method so calculated to be useful as that of extensively comparing the experience of others, and thence deducing rules for individual guidance. The result may not always be satisfactory, and must ever be tested and modified by personal experience; but, since it is the best in our power to attain, we are wise to adopt it. Were the materials more extensive—were sound, practical men, instead of descending in silence to the tomb, to leave behind them the details of the forms of remedies on which they have principally relied, and a brief reference to the diseases most benefitted by their use, more good would result to the healing art than by any other method we are aware of; and we believe the conclusions deducible from such extensive and concurrent testimony would be practically sounder, and more worthy of confidence, than those arrived at by the solitary efforts of even the most gifted and accurate observer. The most enthusiastic admirer of the numerical system can scarcely regard as negative in value all researches which have not been so collected, or suppose that nothing has been demonstrated as to the efficacy of medicine from the unfigured experience of the past. Such a view would be manifestly at variance with fact and common sense; and, though we rejoice in the expectation that greater accuracy and success will reward the investigations of some few and highly favored minds, yet we have no expectation that the period will ever arrive when the art of therapeutics shall repose upon the foundation of numerical evidence.

The necessary labor is so incalculable, the time required so protracted, the qualifications for its prosecution so rare, the phenomena so complex, the liabilities to error so great, that he who despises the chapter of general experience, and refuses to be guided by all that is not arithmetically proved, is at once contracting his usefulness and ensuring disappointment. No future discoveries will ever obliterate or neutralise what is really sound in the labors either of the past or present. Truth has been gradually enlarging its boundaries, and slowly and silently progressing in the midst of many rash theories and much empirical extravagance, and to no single age or mind is the power ever accorded of bringing it to sudden maturity.

Every system which has been quickly elaborated and eagerly embraced has as rapidly waned and disappeared; and, notwithstanding the innumerable panaceas which the inventive ingenuity and restless activity of man have suggested to hasten on the triumph of art over disease, we still find ourselves compelled to institute a careful study of the past, and are only successful in making any lasting additions to the knowledge transmitted by a patient imitation of the observing accuracy and untiring diligence of those who have preceded us.

But we must not be tempted to pursue a very enticing subject, and one peculiarly applicable to the times in which we live, but will at once proceed to the materials of our report.

General Report.

Total number of cases	1281
Males	461
Females	820

826 were inhabitants of Reading; 455 were from country districts.

Males above 20	Married	212
	Single	120
Females above 16	Married	390
	Single	285

Seasons.

Jan., 99; Feb., 84; March, 138; April, 101; May, 134; June, 121; July, 114; August, 120; Sept., 90; Oct., 108; Nov., 78; Dec., 80.

Winter, 257; Spring, 323; Summer, 369; Autumn, 318.

Occupations.

Housewives, 467; domestics, 157; sempstresses, 51; laborers, 41; shopkeepers, 33; shoemakers, 32; carpenters, 31; schoolmasters, 21; farmers, 18; ironfounders, 16; tailors, 11; smiths, 10; clerks, 10; soldiers, 9; masons, 9; painters, 9; innkeepers, 7; bakers, 6; farmers, butchers, gardeners, wheelwrights, ostlers, brewers, dyers, tinmen, each 4; bargemen, carters, millers, porters, washerwomen, hawkers, each 3; the remainder, not exceeding twos or units, need not be stated.

Remarks.—The term "housewives" includes all who were limited to ordinary domestic duties, whether married or single, and not in the rank of servants. The group includes, of course, every possible variety of condition, and is therefore of no value in the estimate of disease.

Ages.

Under 12 months	36
From 1 to 5 years	92
„ 5—10	46
„ 10—20	192
„ 20—30	322
„ 30—40	246
„ 40—50	173
„ 50—60	86
„ 60—70	54
„ 70—80	30
„ 80—90	4

This table shows the remarkable preponderance in frequency of the middle periods of life. It is probable that the inequality would be less with the general practitioner. The numbers closely accord with those of the preceding year.

Anterior Duration of Cases.

Under a week	112
„ month	248
From 1 to 3 months	267
„ 3—6 „	161
„ 1—2 years	98
„ 2—3	59
„ 3—5	43
„ 5—10	42
„ 10—20	21
Several yrs. (no number mentioned)	63
Not registered	16

This table also closely corresponds with that for 1840. It points out the very large amount of chronic disease which enters into a physician's practice, and which tends so much in our earlier years to discourage and perplex.

Average Duration of Treatment.

Of 626 cases, it was 19 days and a small fraction; in 1840 it was 20 days and one-seventh. All this is only approximation; rigid accuracy in large numbers is impossible, but the close accordance proves the existence of a law.

Results.

Irregular	518
Cured	283
Convalescent	230
Relieved	123
Sent to public institutions	69
Left sick	18
Died	15
On books	25

We have before adverted to the cause of so large a number of irregular patients; they include all of whom the result was unknown. Many are among the cured and relieved, and quick benefit from treatment is often the cause of their not returning. "Convalescent" applies to all in whom improvement seemed likely to terminate in health. "Relieved" to those where the issue was doubtful or probably unfavorable.

NOSOLOGICAL SUMMARY.

Epidemic, Endemic, and Contagious Diseases.

Influenza, 34; febris, 29; hooping-cough, 18 secondary syphilis, 16; remittent fever, 2; ague, 2; scarlatina, 1.

Nervous System.

Neuralgia, 30; headache, 26; cerebral irritation, 19; spinal irritation, 16; cerebral congestion, 11; epilepsia, 10; vertigo, 8; paralysis, 5; mania, 4; convulsions, 3; hyrocephalus, 3; tinnitus, 2; hypochondriasis, 2; periodic numbness, 1; cramp, 1; cerebral disease, 1; chorea, 1.

Respiratory System.

Bronchitis, 84; phthisis, 53; cynanche, 12; pleurodynia, 7; catarrh, 6; laryngitis, 5; pneumonia, 4; asthma, 4; ozœna, 3; laryngismus stridulus, 2; polypus nasi, 1; pleurisy, 1; dyspnœa, 1.

Circulating System.

Diseased heart, 19; varicose veins, 2.

Digestive System.

Constipation, 85; gastrodynia, 74; gastritis, 28; gastric irritation, 24; diarrhœa, 16; gastro-enteritis, 15; dyspepsia, 14; sick headache, 10; hæmorrhoids, 8; enteralgia, 6; gastro-enteralgia, 5; chronic vomiting, 5; chronic hepatitis, 4; vermes, 4; peritonitis, 3; ulcerated mouth, 3; hæmatemesis, 2; gall stones, 2; jaundice, 2; dysentery, 2; pruritus ani, 2; melœna, 1; abdominal plethora, 1; prolapsus recti, 1.

Generative Organs.

Chlorosis, 81; amenorrhœa, 15; menorrhagia, 18; leucorrhœa, 10; hysteria, 7; gonorrhœa, 6; dysmenorrhœa, 5; metritis, 2; uterine congestion, 2; prolapsus uteri, 1; irritable uterus, 1; abortio, 1.

Urinary Organs.

Irritable bladder, 4; gravel, 4; hematuria, 2; gastritis, 2; incontinence, 2; Onanism, 2; ischuria, 2; dysuria, 1; vesical catarrh, 1; diuresis, 1.

Skin Diseases.

Eczema, 23; scabies, 22; impetigo, 11; acne, 8; urticaria, 8; psoriasis, 6; boils, 5; prurigo, 5; erythema, 4; lepra, 4; erythema nodosum, 3; strophulus, 3; herpes, 2; alopœcia, 2; lichen, 1; pityriasis, 1; porrigo, 1; anomalous, 1; chapped hands, 1; paronchyia, 1.

Organs of Locomotion.

Rheumatism, 64; sprains, 4.

Diseases of the General System.

Debility, 82; struma, 18; obesity, 5; cachexia, 3; hæmorrhage, 3; plethora, 2; anæmia, 4; dropsy, 1; anomalous, 10.

Miscellaneous.

Abscess, 4; bronchocele, 4; bursal inflammation, 4; thoracic malformation, 3; pain in side, 2; dentition, 2; toothache, 2; glandular swelling, 1; lymphatitis, 1; ulcered leg, 1; ulcered lip, 1; monster, 1; ophthalmia, 1; deafness, 1.

Summary in the Order of Frequency.

Digestive system	317	nearly	1-4th
Respiratory	190	„	1-7th
Nervous	143	nearly	1-9th
Generative	139	„	1-9th
Uncertain seat	118	„	1-11th
Cutaneous	112	„	1-11th
Epidemic	103	„	1-12th
Locomotive	68	„	1-19th
Miscellaneous	32	„	1-40th
Circulating	22	„	1-58th
Urinary	21	„	1-60th
Anomalous	10	„	1-127th
Omitted	6		

Comparing the summary of 1840 with the present year, there are several modifications in the proportions of particular classes of disease. There has been a decrease in those of the digestive organs, and an increase in diseases of the respiratory, epidemic, and nervous systems. The remaining groups closely correspond, and there is sufficient accordance in the two tables, as a whole, to illustrate the value of numerical comparison.

Aggregating the results of 1840 and 1841, the relative proportions would be as follows; and we cite them, because they are at variance with the tables of the Registrar-General, and must be considered as rather the expression of individual practice, than as indicative of the real relations of disease.

Out of 2,601 cases, there were of the

Digestive organs	745
Respiratory	335
Generative	292
Nervous	259
Skin	233
Epidemic	184
Locomotive	128
Circulating	52
Urinary	44

Weather.

In contrasting the atmospheric conditions of the two years, we may discover sufficient variations in climate to account for the varying proportions of disease.

In 1840 the temperature was much more equally diffused, the winter being less cold, and the summer less hot, than in 1841, while in the latter year the differential fluctuations were greater, particularly during the winter and spring months.

In 1840, with the exceptions of June and August, the barometer stood considerably higher than in 1841.

In 1840 rain fell on 122 days, and the total depth amounted to 19·84 inches.

In 1841 rain fell 176 days, and the total depth was 30·97 inches.

In 1840 the wind blew from the N., N.E., E., S.E., and N.W., 159 days; from the S., S.W., and W., 207 days.

In 1841, from the N., N.E., E., S.E., and N.W., 105 days; from the S., S.W., and W., 268 days.

From the above details we may conclude that, in 1841 the extremes of temperature were greater, the amount of wet weather considerably increased, and the winds in general of a milder and moister character. Coincident with these peculiarities we find, in the same year, a relative decrease in affections of the digestive organs, with an increase of the respiratory, epidemic, nervous, and locomotive classes.

Of course, all general references from limited facts must be received with much caution; but we think the tendency of those now before us to be in accordance with the conclusions of the observers. We shall again refer to the subject of the weather in the analysis of particular groups.

To Mr. Bromley, the curator of the "Athenæum," we are indebted for the above meteorological facts; his tables are models of regularity and accuracy, and are already sufficiently multiplied to allow of general deductions as to the climate of Reading.

It will be seen, by referring to the nosological arrangement, that constipation, gastrodynia, phthisis, chlorosis, debility, and rheumatism, are by far the more prevalent morbid conditions. These groups alone amount to 520, much nearer one-half than one-third of the whole, no other disease being more than a moiety of either; their frequency should, therefore, entitle them to the physician's particular attention.

REMARKS.

A really scientific and convenient classification of disease—*i. e.*, one really adapted to the wants of daily practice—is probably not yet in our power to attain. In our former report we have adverted to some of the causes of this, and particularised a few of the obstacles which interfere with correct diagnosis, pointing out how the name of a disease may depend upon theory, and upon the accuracy and knowledge of the observer. There is also the additional difficulty of seizing the constitutional condition, and not permitting the attention to be too exclusively bent upon the detection of local changes, which are not unfrequently more than the varied manifestations of a general diathesis, which really constitutes the disease, and should form the basis of nomenclature and treatment. Chlorosis, for instance, though ordinarily included under the head of diseases of the generative system, has probably no such local origin, and might receive, from different observers a variety of names—even the more frequent and prominent symptoms made the rules of classification.

The essential general condition is that of "anæmia," and steel is the curative agent, successful therapeutics depending on the recognition of this in the midst of its local, and often protœan, indications; it is, therefore, more correctly a cachexia than a local disease.

Phthisis, also, admits of similar observations, and it is only our ignorance of the specific nature of the constitutional condition preceding its pulmonary development that justifies our classing it as an affection of the lungs.

Amenorrhœa, rheumatism, neuralgia, spinal irritation, diabetes, and many forms of cutaneous eruptions, are not, in general at least, local in their origin, and their arrangement as such can only be regarded as an arbitrary and empirical process.

Could we ascertain the diathesis characteristic of each, we might attempt its rectification with far greater probability of success, and in the researches of Professor Liebig, Rees, Bird, and many others, we see the dawning of principles which cannot but rationalise and give increased precision to the employment of our therapeutic agents. Acquaintance with the structural consequences of morbid action has, no doubt, done much to advance the healing art; but still greater curative success and more correct discrimination may be expected when our knowledge of the healthy and anormal conditions of the blood shall be more complete. We believe that in proportion as we really progress will our nosological classification be simplified and curtailed, and that many diseases, now regarded as distinct, will hereafter be ranked among the symptoms of those more general conditions, the discovery and correction of which will become the true basis both of diagnosis and treatment.

We shall now proceed to the analysis of particular diseases, selecting those groups which are the most important and numerous, and appending to them the practical experience of other observers in the manner and from the sources as already adverted to.

[*To be continued.*]

CASE OF PNEUMONIA AT THE APEX OF THE LUNG.

Daniel Mack, aged thirty, a laborer, who states that his habits have been temperate and his previous health good. One month ago he was attacked with shivering and pains in the limbs, which subsided under medical treatment, but again appeared fourteen days ago, and was soon afterwards followed by cough, copious expectoration, and rapid emaciation. On admission into the hospital his respiration was thirty-two, equal; cough short and hard; expectoration semi-purulent, marked with streaks of blood, but not nummular; face free from congestion. Physical signs were—complete dulness at the right apex anteriorly, particularly in the infra-clavicular region, the respiration in that part being tubular and mixed with coarse large crepitation; the voice bronchophonic; bronchial respiration posteriorly; respiration at the corresponding part of the opposite lung puerile. He stated that no predisposition to phthisical disease existed in his family. Cupping beneath the clavicle to eight ounces; calomel, antimony, and opium every sixth hour.

Under this treatment he improved, and in a fortnight had quite recovered. The chest examined at that period gave the following signs:—Natural resonance on percussion beneath the right clavicle; the vesicular murmur distinctly audible, and the increased vocal resonance formerly heard cannot now be detected; the respiration on the opposite side of the chest quite healthy.

REMARKS.

The above was evidently a case of pneumonia occurring in an unusual situation—the apex of the lung; and although the course of the disease and its termination sufficiently established the correctness of the diagnosis, yet, at the first moment of admission into the hospital, it was a most difficult point to determine whether the physical, and not less the general, signs were or were not the the result of tubercular, and not inflammatory disease of the lung. The disease was said to have existed during one month only, but the presence of considerable emaciation appeared to negative this statement; the amount of evidence was, in fact, very equally balanced between the two diseases, phthisis and pneumonia occurring in the apex of the lung. In favor of the former were—the previous history as regards the rapid emaciation; the copious sputa, which was semi-purulent, and contained striæ of blood; the part of the part of the lung affected by disease, and the physical signs afforded by percussion and auscultation—viz., complete dulness in the infra-clavicular region, the tubular respiration, the great vocal resonance, and the very coarse almost gurgling crepitation produced in that part by respiration, to which may be added the puerile respiration audible in the opposite lung. In favor of the existence of pneumonia of the apex was the previous history of the case as regards the short duration of the chest symptoms, the absence of hereditary disposition to tubercular disease, the expectoration, although purulent, not having assumed the nummular form commonly observed in phthisis, whilst several of the symptoms, and more especially the physical signs, were capable of being caused by both diseases. In making the diagnosis in this case, as the amount of symptoms present was so nearly equally applicable to both forms of disease, it was necessary to ascertain which of the symptoms were the most important in themselves and most constant in their occurrence; and, whilst showing the importance of placing a relative value upon every symptom of disease, this case also demonstrates the correctness of the axiom, that auscultation and percussion, although invaluable adjuncts to our means of detecting pulmonary disease, yet cannot, unaided by general signs and the previous history, determine the existence of any one of the diseases to which the lungs are liable.

CASE OF HEPATIC ABSCESSES.—A PIN FOUND IN THE MESENTERY.

James Heneky, aged fifteen, a strumous boy, whose previous history could not be very completely ascertained. About six months prior to his admission into the Westminster Hospital he had began to emaciate, his abdomen enlarged, and subsequently irregular hectic fever took place, and he very frequently suffered much from vomiting and diarrhœa. On admission the abdomen was found greatly distended, dull on percussion in the epigastric and both hypochondriac regions, elsewhere resonant from accumulated flatus. The edge of the liver could, by careful manipulation, be felt on both sides of the abdomen, extending three inches below the margins of the ribs. He suffered from acute pain at a circumscribed point, corresponding to the centre of the epigastric region, in which locality the abdominal parietes were much more prominent than at other parts. The endermic application of belladonna and morphia served to afford transient relief to the acute epigastric pain, but sickness of an obstinate character supervened; the pain increased greatly in severity, and, after lingering for nearly three weeks, death ensued.

Sectio Cadaveris.

Body much emaciated.

Abdomen distended by flatus; the liver enlarged to about three times its natural size, pale, soft, containing two large abscesses, one in either lobe, the larger of the two being filled by six ounces of greenish pus. In the mesentery of the transverse colon was found a large black glazed pin, encrusted with a very thick calcareous coating. It was contained in a distinct cyst in the mesentery, and at least an inch distant from any portion of the intestines. This portion of mesentery, although in contact with the inferior surface of the liver, was not adherent to it; adhesions, however, existed between these two viscera in other parts. The stomach was healthy, but somewhat displaced by the enlarged liver; two spleens were found, both quite distinct from each other, placed nearly on the same plane, and of equally large size; the thoracic viscera were healthy.

ON THE TREATMENT OF HYDROCELE.

By John Parsons, Esq.,
Surgeon to the Eye Dispensary, Bridgwater.

The attention of the profession was some time since directed, through the medium of your pages, to the "treatment of hydrocele by iodine injection." Although I myself have had many opportunities of seeing this practice successfully carried out by my friend Mr. Egerton, then surgeon to the General Eye Infirmary at Calcutta, and can bear ample testimony to its superiority over every other mode of treating this disease when occurring in natives of India, I had it not in my power to test its efficacy in a European temperament until a few weeks ago, when a healthy young man, Robert Hook, aged twenty-one, six years the subject of hydrocele, and once during that period having been unsuccessfully treated by the "port wine" injection, applying to me, I considered it a fair case for a trial of the remedy. The following are the particulars:—

April 17, Eleven, a.m. Tapped the right tunica vaginalis, and drew off about six ounces of a clear straw-colored fluid; four drachms of a solution of tincture of iodine, in the proportion of two drachms of the tincture (the tincture being forty-eight grains to the one ounce) to six of water, were then injected, the canula withdrawn, and the whole of the fluid allowed to remain in the cavity.

18. For the first five or six hours experienced a good deal of pain, much more, he says, than on the former occasion when the wine was used; this subsided towards evening, and did not prevent his obtaining a tolerable night's rest; the part was very tender and swollen, the tunica vaginalis apparently containing a considerable quantity of lymph.

19 and 20. Has remained in bed; the pain and tenderness gradually subsiding without any other treatment.

22. Was down stairs; the swelling less, and no pain except on pressure.

23. Walked out in his garden without inconvenience.

27. Walked a distance of four miles to see me, and did not complain of any increased pain. The part being still swollen and rather tender, I advised his wearing a bag truss.

30. I met him on foot several miles from his own house; nearly all the swelling had subsided; there was no tenderness; he considered himself well, and intended in a few days to embark for the United States.

The radical cure of this case was effected in about the same time as in those in which this practice was originally adopted with so much success by Mr. Martin, of the Bengal Presidency, to whose intelligence the profession are very justly indebted for this valuable remedy, the principal advantages of which over the other modes of treating this disease seem to be, that the inflammation arrives at its height in a much shorter period—that the swelling (probably from some specific action of the substance employed) is absorbed more rapidly, a cure being generally effected in from four to ten days, instead of from ten to twenty-five—that the operation is greatly simplified, and infiltration from the injection, being so small in quantity and retained, not likely to happen.

Bridgwater, May 3, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, MAY 6, 1843.

Among the many and interesting points to which the attention of those who advocate medical reform has been directed, there is, perhaps, not one of so much importance as that which relates to the admission of new members into the profession. It is not a little remarkable that whilst the restrictions are comparatively strong, as applied to the numerous and important class of general practitioners, that the qualifications necessary for procuring the title of "medicinæ doctor" are often most scanty and insufficient; in fact, the possession of the diploma of M.D. confers no proof of medical knowledge unless it be also known from whence the title has been procured. It is difficult, indeed, to form a correct estimate of the great amount of mischief which has resulted to the profession, and still more to the public, by the tolerance in this country of German and other foreign degrees in medicine, which, far from entitling its possessor to any feelings of respect, ought rather to subject him to suspicion. The same objection formerly applied to the Scotch universities, but, happily, now no longer does so; and the graduate from the North brings with him as strong an evidence of medical competency as can be gained by a residence amid the classic and honor-creating atmospheres of Oxford or Cambridge. Far otherwise is it with the possessor of the German diploma, who, without having any real qualification, and without passing through that curriculum of study which might entitle him to such, is, by the aid of an M.D. manufacturer, dubbed a doctor, and forthwith stalks abroad, clothed with the false honors he has purchased, to commit those fearful ravages amongst the lives of his fellow-creatures, which utter ignorance must render him capable of.

How many are at this moment engaged in actual practice in the several characters of general practitioner, surgeon, and physician, who possess no other qualification for doing so than that which a German diploma is supposed to confer? Is not the number of such practitioners daily increasing to the manifest injury of legitimate practitioners, to the degradation of the profession, and danger to the public? To obtain every real qualification in medicine some curriculum of study is indispensable, some examination into the knowledge of the candidate is instituted to determine his fitness to practise; but in order to obtain the German *honor*, none such is required; a letter to the quæstor of the university, enclosing a sufficient amount of "cash," is commonly all that is required, and lest any unexpected difficulty might retard the progress of the candidate for, or rather the purchaser of, such titles, a class of agents have become established, and, in the words of one of them, expressed in a public advertisement, "any gentleman desirous of obtaining the degree of M.D. may receive efficient assistance from the advertiser, who will accompany the candidate to one of the highest continental universities;" and, lest the facilities here offered should not prove sufficiently attractive, these friendly and most considerate agents resolve to make the path to preferment not only a facile but a pleasurable one, and the means for obtaining a degree in medicine changed from years of untiring toil and study to a summer excursion up the Rhine! And that the beauties of the fairy river should not grow dull and tedious, the newly-created doctor may refresh himself after the completion of his *studentship of sixteen days*, by "including a visit to many interesting towns in Belgium and to the field of Waterloo, or down the Rhine to Rotterdam." Nor cease the obliging efforts of these kind-hearted and disinterested agents here, but, determined to unite economy of time and money with dignity and pleasure, they give out the attractive information that the "absence from London shall not exceed the term of sixteen days. The total expense, including all the fees, the travelling expenses, &c. &c., shall not exceed fifty guineas."

Under such a nefarious system as this, tolerated by the legislature, against which the efforts of medical men are powerless, do uneducated and incompetent persons usurp the rank and title of members of the profession, and after the expenditure of fifty guineas, and a sixteen days' excursion up the Rhine, return, impudently decking themselves with their newly purchased titles, and deliberately commence the murderous task of undertaking the medical charge of their deluded fellow-creatures in the hours of sickness and disease. Success, in one sense at least, too often attends them, and they, as is too often witnessed,

> "———— may gain a palace,
> For what another mounts a gallows."

How much longer will the united cries of the profession against this unhappily numerous class of impostors prove ineffectual? How much longer will the class of medical degree-agents be permitted to carry on a trade so fearful in its effect, so fatal in its application? The daily newspapers, the covers of the medical journals, teem with the advertisements of these persons, many of whom are at this moment pursuing a "thriving trade" by the exercise of those means which, within a short period, and in almost countless instances, are to make fatherless the children of the sick man, to wreck a fearful amount of danger upon the lives and happiness of the community, and to utterly degrade the medical profession. Viewed in this as in every other light, practices such as those to which we have adverted are fraught with unbounded mischief, and yet how ineffectually may we at present strive to suppress them! That our efforts, from being powerless, should become potent, is one of the many important objects embodied in the great question of medical reform, it is one on the abolition of which depend the future honor and reputation of medical men, and not less the safety and welfare of the public. Whatever may be the views of the legislature on this point, certain it is that it will not be enough to render German diplomata non-valid as medical documents, but more than this must be effected. The only adequate course will be to prevent the introduction into this country of such class of "qualifications" altogether; the public must not be exposed to such deceptions, for experience has too often told us that "the bounds of credulity are not sufficiently defined to warrant us to deny that whenever similar impostors may choose to start again, they will have their due share of dupes and partisans, as in times past."

MEDICAL REFORM.

The following memorial, signed by the council on behalf of the Provincial Medical and Surgical Association, has been forwarded to Sir James Graham. It will be presented to the Home Secretary by Mr. Pierpoint, one of the members of the council, who, accompanied by General Lygon, M.P. for West Worcestershire, is to have the honor of an interview with Sir James Graham, and will take the opportunity of making fully known to him the views entertained by the council on the subject of medical reform. We also publish an account of important meetings of the practitioners of Suffolk and of the northern counties, who cordially support the views which we have so repeatedly urged on the attention of the profession.

In adverting to the manifestations of opinion thus seasonably expressed by numerous and influential members of the medical profession in all parts of the country, we cannot but declare our sincere pleasure and cordial co-operation at the fact now manifest, that though long dormant, they have at length been roused to action:—

To the Right Honorable Sir James Robert Graham, Bart., Her Majesty's Principal Secretary of State for the Home Department.

The members of the council of the Provincial Medical and Surgical Association beg leave to represent to Sir James Graham that they understand that a bill is likely shortly to be introduced into Parliament for reforming and regulating the medical profession generally.

The council cannot resist respectfully stating that, in their opinion, no reform can be effectual or permanent unless it provide for the efficiency and respectability of the whole profession, by securing uniformity of the primary qualification tested by sufficient examination, equal right to every member to practise throughout her Majesty's dominions, and the adoption of the representative system in the formation of the councils or governing bodies.

The council would also earnestly press upon Sir James Graham the necessity that the state of the medical profession in the provinces, as well as in the metropolis, should undergo a searching investigation before any bill for the regulation of the medical profession, or any part of it, be introduced into Parliament.

Charles Hastings M.D.,
J. P. Sheppard,
Honorary Secretaries to the Provincial Medical and Surgical Association.

LECTURES BY RICORD.

We have much pleasure in announcing to our readers that the next number of the Provincial Medical Journal will contain the first of a course of lectures by Dr. Ricord on venereal affections. These lectures have been communicated by himself, and are translated and arranged by his own Interne.

SHEFFIELD MEDICAL SOCIETY.

April 6, 1843.

Mr. Wm. Jackson in the Chair.

ANGINA PECTORIS.

Mr. J. H. Smith gave an account of the post-mortem examination of a man who had died very suddenly. He was a smith by occupation, and had been laboring under the symptoms of angina pectoris. The only appearances which presented themselves were contraction of the aortic opening, but not to any great extent, and softening of the walls of the right ventricle. The heart was somewhat enlarged, but there was no valvular disease.

PATHOLOGY OF RABIES.

Mr. Law stated that two children had been admitted March 30, into the infirmary, under the care of Mr. Overend, having been bitten by a dog the day before. The dog had bitten three other people and several dogs. After biting these children it had played with other persons, who had placed their hands in its mouth without any harm ensuing. The dog had been in Mr. Law's charge for a few hours previous to its death, which took place after exhibiting some of the symptoms of rabies, as described by authors. The brain and spinal chord were exposed some hours after death, and congestion was found in the latter, and on the surface of the brain, which also exhibited considerable patches of opacity of the arachnoid. There was an absence of the appearances described to exist in the stomach, but a degree of thickening appeared in the larynx. Mr. Law stated that the wounds of the children, which were very slight, had assumed an unhealthy appearance. The friends were anxious to remove them, for the purpose, it was believed, of placing them under the care of an empirical curer of hydrophobia at Mexborough, a few miles from Sheffield.

Mr. J. H. Smith then read a paper "On the relation of Chemistry to Physiology," in which he contended that some of the most important functions of the body are performed in conformity with chemical and not with vital laws. To illustrate this he more especially introduced respiration, digestion, and the nervous system.

April 21, 1843.

The President in the Chair.

At this, the last meeting of the session, Mr. Overend stated that one of the patients bitten by the dog mentioned in the last report had been removed by her friends from the infirmary; the other, a girl, still remained. The wounds had healed, and there was, so far, no appearance of the state of recrudescence.

He also mentioned a case of strangulated scrotal hernia, to which he had been called rather more than a fortnight ago. The subject was a man, aged under fifty, who had been a hard drinker. He found the scrotum distended to a most enormous size; and on cutting into the sac between four and five feet of intestine rolled out. The patient recovered rapidly.

The secretary, Mr. Law, then read an interesting and elaborate retrospect of the proceedings of the past session, in which, after congratulating the society on the agreeable and instructing meetings which had been held, he proceeded to give an account of the different subjects which had engaged the attention of the society, pointing out the prominent points of the different papers which had been read.

At the conclusion of this retrospect, which was attentively listened to, votes were passed to the officers of the society, and the meeting separated with a feeling of regret that the session had closed, and with the hope that the next session might be equally pleasant with those which had preceded.

PAROCHIAL MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The golden age is again returning! Science and humanity are about to triumph over selfishness and oppression! The sick poor and their medical advisers may now confidently expect a complete and satisfactory reform of past and present abuses; for Mr. Guthrie and Colonel Wood are about to carry the House of Commons before them on the question of poor-law medical relief!

We all know how impossible it is to disturb the self-complacency of some people. Neither the failure of their grandiloquent professions, nor the exposure of their groundless pretensions, can silence them. Up to a certain point, we may laugh at their folly; but when they become mischievous, they must be *put down.*

As an attentive observer of the progress of the cause in which Mr. Guthrie has enlisted, I would implore members of the medical profession to beware of relying on the support offered by parties who have *other* purposes to serve on the present occasion. Let the past history of this question be calmly reviewed. It is now more than eight years since the characters, the social position, and the incomes of medical practitioners, were unprovokedly attacked by the poor-law commissioners and boards of guardians. No indignity was spared, no consideration was shown. The iron hand of a central authority, strengthened by local avarice and selfishness, crushed the independence and trampled on the rights of the profession.

The timid were awed into silence, the bold were expelled, and the pliant and time-serving were made use of, as far as they were needed, for the "dirty work" of their powerful and unprincipled employers.

Who then stepped forward to defend the cause of the profession and the poor? Where were the medical corporations? What said the council of the College of Surgeons? The answers to these queries have been repeatedly given in the pages of your Journal. With the exception of a few active, benevolent spirits, acting separately, like the late lamented Dr. Yelloly, the medical associations alone faced the enemy; and after many years' struggle, THESE have succeeded in compelling a partial concession—partial and inefficient, it must be confessed, when we observe the extent of the evil, and the corruption and degradation it has effected in our own body.

The mischief is now almost irremediable; at all events, it cannot be wholly repaired whilst the present generation of practitioners is in existence.

The drug-supplying, pauper-contracting tradesmen, from whom the administrators of the poor-law select their willing medical officers, must give place to a new order, a body of *professional* men—educated gentlemen—possessing corporate privileges, and exercising some sort of control over their delinquent brethren, before the medical "establishment" of this country can recover its footing, or the diseases of the poor be properly relieved.

The associations had begun to perceive the real state of the case, when Mr. Guthrie, then president of the College of Surgeons, thrust himself forward as an arbitrator. For six or seven years he and his colleagues had been silent and contemptuous spectators of the wrongs of the "subordinates." What "new light," then, broke upon his mind? Did he expect to rally the despairing members round the dishonored standard of the college?—or did he not rather reckon on the alliance of the poor-law commissioners to effect certain purposes best known to the immaculate council over which he presided?

The existence of *some kind* of compact between Somerset-house and Lincoln's-inn-fields soon became apparent. The commissioners were at that time compelled to prepare a new code of medical regulations. Now, to frame such a clause for the "double qualification" of union medical officers as might, on the one hand, satisfy an ignorant public and an inattentive government, and, on the other hand, NOT diminish the supply of needy medical competitors, was clearly an object of great importance, and yet unattainable without the co-operation of some influential portion of the profession. The commissioners were not slow in perceiving with whom they might safely treat. They knew who were to be bought. They accordingly soon secured the good offices of the London college with the government, and Mr. Guthrie's services as showman of their "wonderful performances," to a crowd of gaping general practitioners, who, in spite of the tempting announcement, were too dull to recognise in the commissioners the "firm friends"* of the profession, or to receive with gratitude the "great boon" which the "kindly feelings" of these commissioners had prompted them to bestow.

An indiscriminate admission of half-educated students and practitioners was too advantageous to both the high contracting powers to be neglected in their arrangements; and the exclusion of members of the Dublin and Edinburgh colleges from the *benefits* of poor-law appointments clenched the bargain.

In support of this nefarious scheme, a brief statement, false throughout, and clearly betraying its authorship, was published in most of the newspapers; while the commissioners, in their last (8th) Annual Report, grossly misrepresented those laws of the realm which relate to the privileges of the three Royal Colleges of Surgeons.

To these mendacious statements, the Provincial Association replied effectively in their recent memorial on the subject to government;† and it is scarcely probable that the commissioners will attempt a further justification of their invidious and illegal regulation respecting the surgical qualification of their medical officers.

Gentlemen, let not your readers deceive themselves. Notwithstanding all Mr. Guthrie's protestations, the poor-law commissioners must be considered the "natural enemies" of the medical profession. By a thousand acts in England and Ireland they have established their indisputable right to that appellation. The additional powers which they expect to obtain through Mr. Guthrie's assistance may be applied to reduce the general practitioners of this country into yet more abject submission and dependence.

Besides, the designs of the council of the College of Surgeons may be fairly suspected. Just now it may be considered desirable to conciliate the great body of surgeon-apothecaries. Hopes may be entertained that the cries for reform may be drowned in the shouts of the grateful recipients of the Guthrie bounty. What this benefit may prove remains to be seen. I, for one, expect no more from Colonel Wood's advocacy than has resulted from the vaunted assistance of other parliamentary friends of the profession. No real advantage will be derived until the yoke of the poor-law commissioners be removed from *our* necks, and the administration of medical relief and other similar matters be superintended by a board, consisting of medical and other gentlemen, wholly unconnected with the poor-law commission, and responsible only to the Government and the profession. But this will not be granted to the faculty *while in its present condition*. So long as low competition, absence of *esprit de corps*, servility, and apathy, characterise the majority of our body, Parliament will surely leave us to the correction of the commissioners.

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* See Mr. Guthrie's published letters.

† See Provincial Journal, vol. v., pp. 378, 379.

A full measure of reform, raising the education, equalising the respective privileges, and uniting the interests of the different ranks of the profession, would do far more for union medical officers than the realisation of Mr. Guthrie's fondest dreams. If that gentleman be really desirous of obtaining information as to the "sufferings of the sick poor and the grievances of medical men," let him apply to those who have preceded him in this inquiry, and without whose labors, though unnoticed and unacknowledged by him, he would not have acquired the little knowledge of the subject he now posesses; let him ask the co-operation and suggestions of the medical associations—let him, at least, peruse the reports and memorials of the Provincial Association. He will then have facts enough from which to prepare that "digest"—that anxiously-expected document—without which he has no hope that the House of Commons will be "enabled to understand this subject." But before he again has the coolness to ask medical practitioners *to rely on his discretion*, let him, if possible, blot out the recollection of the unfortunate scrape into which his *indiscreet* disclosures brought himself and his colleagues only a few months ago.

I am, Gentlemen,
Your sincere well-wisher,
A Provincial Surgeon.

April 24, 1843.

MEDICAL REFORM.

ANNUAL GENERAL MEETING OF THE NORTH OF ENGLAND MEDICAL ASSOCIATION.

The above meeting took place at Sunderland, on the 28th. Dr. Headlam, the president of the association, in the chair.

The proceedings of this meeting commenced by an address from the chairman, who observed that, however surprising it might seem that no measure had yet been brought forward which had received the sanction of the legislature, that the cause of medical reform had, nevertherless, advanced, and was still advancing. Already he perceived the members of the profession were clearer in their views of medical reform, more convinced of the importance of legislative interference, and more united as to the principle on which medical reform should be based. He was satisfied it was only necessary to pursue a steady course—to continue to make their appeals, from time to time, to the public and the legislature, stating the evils that beset the medical profession—in order to convince thinking and reflecting men, of all classes in society, that it was essential to the interests of the public that medical reform should be established. The profession had no selfish views—no private interests to promote; they were simply actuated by the honorable motive of upholding the dignity of their profession, exalting its character, increasing its usefulness, and benefitting more extensively the community of which they formed a part. Their first object was to promote medical education; and here he would call the attention of the meeting to the importance of contending for a high standard of education, preliminary and professional. In a letter recently published by an eminent physician, Sir James Clark, the writer had dwelt upon this point, and taken very sound and rational views; and he hoped the profession would all contend that, in any measure to be adopted by Parliament, a candidate for a license to practise should, in the first instance, be required to possess great attainments in literary information; his education should be that of a scholar and a gentleman. By making this imperative, the character of medical men in society would be raised, and they would be enabled to pursue their scientific researches with more advantage. It was now generally admitted, with regard to professional education, that it should embrace every branch of practice, and that a license should be given to those only who had made competent attainments both in medicine and surgery. This was the first important step—he should almost say the only essential one—at the commencement. The public being protected by a uniform and competent education of medical men, and a registration of licensed practitioners, every one would know where to apply with safety in sickness and in suffering. But if a measure of this kind were once granted, it was self-evident that men of talent and genius—men who had had great opportunities of study—would aspire to higher rank in their profession; they would seek to distinguish themselves by further study, and by confining their attention in particular to one branch of practice. Degrees and distinctions must attend such enterprise. It would be the duty of the legislature to foster such exertions, and to secure to individuals the rewards to which their protracted study entitled them. It would be also necessary that public bodies who possessed the right of granting degrees should be compelled by the legislature to have a distinct, uniform course, both of study and examination; and a degree thus obtained would be a valid and not a nominal one merely. The legislature ought further to provide, that medical men should enjoy the exercise of their privileges equally in every part of the kingdom; they should also be protected from disreputable and mischievous interlopers. At present there were many eminent in every branch of the profession who had been stimulated by their own enterprise to possess themselves of every qualification, yet they were beset on every hand by men who had entered the profession without any such recommendation. It was the duty of the legislature to prevent those who were worthy from being mingled up with the illiterate, ill-informed charlatan, who too often obtained that confidence which ought only to be placed in a well-qualified person. He did not think it necessary to direct the attention of the meeting to what must necessarily follow from the recognition of the principles which he had laid down, either as it respected the constitution of medical boards or the influence they would have on medical practitioners, because these measures must necessarily accompany the changes adverted to.

Mr. Carter, of Newcastle, the secretary of the association, then proceeded to read the report.

After having alluded to the objects of the association, and to its present satisfactory state, the council expressed their regret that it had been found difficult, from various circumstances, to give to many topics of interest that full and careful consideration they deserved. Much inconvenience was experienced in bringing together the members of the association, scattered, as they were, over several extensive counties—a fact which formed a strong argument in favor of the formation of sectional subdivisions and meetings—local unions, which might be rendered useful, amongst many other objects, in discussing and arranging matters of mutual interest, in affording mutual protection, and in advancing medical science.

In reference to medical legislation, the council remarked that the past year had been one of expectancy rather than of action; the profession had been awaiting the introduction of Sir James Graham's bill into Parliament, and it was a matter of much regret that at present no official outline of the anticipated bill could be placed before the members of the association. From what had been gleaned concerning it, it appeared that, however satisfactory it might prove to certain parties in the profession, yet a great numerical majority would, in several important particulars, experience much disappointment. The council by no means wished to affirm that some parts of the bill, as reported, would not be productive of good, nor constitute improvements on the present system. If rightly informed, it would tend to promote an incorporation of the physicians of each country, and a uniform standard of qualification for medical degrees. Upon the justice and propriety of such an arrangement, the opinion of this association has been repeatedly expressed; and it is gratifying to know that a growing inclination in its favor has of late years been exhibited by most of the universities and medical colleges of the United Kingdom. As a natural consequence of uniformity in the conditions attached to the granting of medical degrees, the restrictions which have hitherto prevailed with regard to the right of practising in particular districts would be removed; the power now held by the Royal College of Physicians of London to examine for its license the graduates of British universities would be withdrawn. The executive body of the College of Physicians would be no longer self-elected, but chosen by their respective commonalties, the latter being made to comprehend all the legally recognised physicians of each country. The colleges would thus serve as courts of record for medical degrees, and their registers would probably be the means of detecting and exposing parties who should usurp the title of M.D., or hold it merely in virtue of a purchased continental diploma. The bill, it has been supposed, would also tend to promote something like uniformity in the education of the general practitioner, and would enforce a double qualification on all who should hereafter receive a license to practise as members of that branch of the profession; that in future all English general practitioners would be examined in some departments of medical science by the College of Physicians, and in the remainder by the College of Surgeons. The hall of the Apothecaries' Company would be no longer the scene of medical examinations. Some of its members would, however, assist in the examinations at the College of Physicians, and the license of the company would be taken as heretofore by the general practitioner. This arrangement appears to your council to be one of the most objectionable parts of the bill, and would almost serve to indicate the parties by whose advice its right honorable framer would seem to have been actuated in its construction. If the general practitioner is to be no longer examined by the company of apothecaries, why should he continue to receive his license from that company? If his examination is to be conducted jointly by the Colleges of Physicians and Surgeons, under such regulations as shall be approved of by a general board or council, why should not his license be granted by that board?

It had also been affirmed that a new order, to be entitled Fellows of the Royal College of Surgeons, was to be created, with whom, it was believed, would rest the electoral power of the college, while the members or general practitioners would have no voice in the election of its officers or in the management of the collegiate affairs. From the councils of the Colleges of Physicians and Surgeons of the three countries are to be chosen the medical members of a central or general medical council, to which is to be confided the superintendence and control of the entire profession.

As to the propriety of a general council there can be no question. Its efficiency, and the respect in which it shall be held by the public and the profession, must, of course, depend in a great measure on the materials of which it may be composed. If the foregoing surmises be correct, the council will be little else than an offset of the metropolitan colleges; and as the mass of practitioners has been systematically disregarded hitherto, so now, according to the reputed bill, would they be excluded from all control or influence over the medical polity of the United Kingdom. That the principle of protection would be exchanged for a species of negative restriction, or, in fact, a discouragement of unqualified practitioners—a discouragement which would oppose but a feeble barrier to the cruel, dangerous, and fraudulent practices of ignorance, cupidity, and imposture. Towards the close of last session Sir James Graham stated that it was in contemplation to propose the immediate granting of new charters to the Colleges of Physicians and Surgeons in London; the council, believing that the granting of such charters would prejudge the general question, petitioned both Houses of Parliament that they would not sanction such a proceeding, but withhold their support from any charter until the whole subject of medical affairs should be brought before them. The council took steps for insuring the presentation of similar petitions from Newcastle, Gateshead, Durham, Carlisle, Sunderland, North and South Shields, Berwick, &c., copies of petitions having been transcribed and sent for signature to those places, members of Parliament being urged, at the same time, to support their prayer. After the lapse of a few days, Sir James Graham, in reply to a question put to him by Mr. D. Barclay, M.P. for Sunderland, declared that he had abandoned the idea of proposing the charters during the session of 1842. Medical legislation having thus been once more postponed, and the council, in reply to a recent application, having been informed that the bill of the Home Secretary was not sufficiently matured to admit of an *outline* being submitted to their inspection, it is sincerely hoped that the interval may have been employed in framing a measure more suited to the exigencies both of the public and the profession than the *reported* bill of 1842 could have been capable of supplying.

The report then alluded to the additional support which the principles on which the association was based had derived from the exertions of Professor Kidd, of the late Dr. Macartney, of Dr. Barlow (of Bath), Dr. Thomson (of Edinburgh), Sir James Clark, Mr. Carmichael, Dr. Marshall Hall, Dr. G. Webster, Dr. Forbes, Dr. Grant, Mr. R. D. Grainger, and Mr. Greenhow, one of the vice-presidents of the association.

After expressing their approbation of the opinions lately promulgated by Sir James Clark, the report concluded by placing before the members of the association the following petition, which it was resolved should be presented to both Houses of Parliament:—

" *To the Honorable the Commons, &c.*

The Petition of the President, Vice-presidents, and Members of the North of England Medical Association, in Public Meeting convened, at Sunderland, this 26th day of April, 1843.

Humbly sheweth,

That your petitioners (consisting of physicians and surgeons resident in the counties of Durham, Northumberland, and Cumberland) have long deplored the defective and anomalous state of the medical profession in Great Britain and Ireland.

That your petitioners, having reason to believe that measures have been for some time in contemplation for reorganising and reforming the profession, beg respectfully but earnestly to impress upon your Honorable House the great importance of this question to the community at large, and its consequently strong claims to an early adjustment.

That your petitioners, having paid much attention to the subject, take the liberty of stating their persuasion that any measure of medical reform, to be permanently beneficial, must provide for the union and consolidation of the whole professional body, and the proper qualification of all persons who shall hereafter be legally authorised to practise the healing art within her Majesty's dominions. Your petitioners are further of opinion that uniformity in the qualification for a license to practise should be enforced; that honorary degrees in medicine and surgery should be conferred on a uniform principle; that reciprocal privileges should be enjoyed by the medical practitioners of England, Scotland, and Ireland; and that suitable measures should be adopted for protecting the public from the dangerous and fatal consequences of unauthorised medical and surgical practice.

Your petitioners therefore pray that the present state of the medical profession may receive the early attention of your Honorable House.

And your petitioners, as in duty bound, will ever pray.

Signed for and on behalf of the meeting,
T. E. Headlam, M.D., President.
Charles T. Carter, Secretary."

A report from the committee on medical appointments to hospitals and other public charities was about to be presented, being an amended edition of the report of 1842; but, from some objections urged against the report, and the existence of certain informalities, it was withdrawn.

Mr. Gregory, of Sunderland, then moved, "That full authority be given to the council by this meeting to adopt such measures as shall be considered advisable, in the event of a medical bill being brought into Parliament between the present time and the next anniversary meeting."

Seconded by Dr. Charlton, and carried unanimously.

The following officers were then elected, and, after passing votes of thanks to the several speakers, the meeting separated:—

President—Dr. Headlam, Newcastle.

Vice-Presidents — Dr. Brown, Sunderland; Mr. T. M. Greenhow, Newcastle; Sir John Fife, Newcastle; Dr. Winterbottom, Westoe; Mr. Baird, Newcastle; Dr. Cahill, Berwick-upon-Tweed; Mr. Green, Durham; and Mr. Gregory, Sunderland.

Treasurer and Secretary—Mr. C. T. Carter, Newcastle.

Council—Dr. Embleton, Newcastle; Dr. R. Elliot, Gateshead; Dr. De Mey, Newcastle; Dr. Charlton, Newcastle; Mr. Watson, Sunderland; Mr. Potter, Newcastle; Mr. Dixon, Sunderland; Mr. Brumell, Newcastle; Mr. Talmadge, Newcastle; Mr. Bennett, Gateshead; Dr. Fife, Sunderland; Dr. Elliot, Carlisle; Mr. Mordey, Sunderland; Dr. Knott, Newcastle; Dr. James, Carlisle; Mr. Dodd, Sunderland; Mr. W. K. Eddowes, South Shields; Mr. Sang, Newcastle; Mr. Tulloch, Newcastle; Dr. Nicholson, Newcastle; Mr. Morrison, Pelaw-house; Mr. Ward, Sunderland; Mr. Turner, Newcastle; and Mr. Dawson, Newcastle.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SUFFOLK BRANCH.

A meeting of the members of the above society and of the profession generally, residing in the county of Suffolk, convened by public advertisement, was held at the King's Head Inn, Stowmarket, on Friday, the 28th of April.

The object of the meeting was to discuss the necessity of petitioning both Houses of Parliament upon the subject of medical legislation, and to take into consideration the best means of promoting those changes in the constitution of the profession which its present position imperatively demands.

The meeting was attended by gentlemen residing at Ipswich, Beccles, Newmarket, Stowmarket, Needham Market, Botisdale, Gislingham, Gedding, &c.

Dr. Beck, of Ipswich, was unanimously called upon to take the chair; and Mr. Bree, of Stowmarket, was requested to act as honorary secretary.

The chairman having briefly opened the meeting by stating the object for which it had been called,

Mr. Bullen, senior surgeon of the East Suffolk Hospital, rose and said—I am aware, Gentlemen, that there are many erroneous opinions held upon the subject of medical reform, and that such opinions have prevented some of the profession from attending this meeting. It is thought by these individuals that the object of the general practitioner is to level those distinctions in the profession which long custom has established; this view of the case is entirely erroneous. The general practitioner desires, in the first place, that a sound system of education should be established, and that the only distinction existing in the professions should be based upon superior merits, or a higher order of ability and experience. It would be allowed by all that the position of the general practitioner had materially changed during the last twenty or thirty years; his education was of a much higher order than formerly, and his position was very different from that which existed when the present distinctions originated. The general practitioner did not wish to reduce the position of the physician. Superior talent must always raise one class of men above another; and the general practitioner, without wishing to destroy that distinction which merit must always create, was desirous, for the respectability and honor of his profession, to base it upon a sound and rational foundation. The subject of medical reform was so ably treated in a pamphlet which he held in his hand, in a letter from Sir James Clark to the Right Hon. Sir James Graham, and all the arguments on the subject were so clearly and succinctly laid down, that he would take the liberty of reading it to the meeting, as it was very short, and contained all that, in his opinion, could be said upon the subject. (Mr. Bullen then read the pamphlet, which was received with continued marks of approbation by the meeting.) Mr. Bullen, having concluded the letter, then moved the first resolution, and read the petition to the meeting.

"That under the present circumstances it is advisable, without delay, to petition both Houses of Parliament on the contemplated legislation respecting the medical profession, and that the following petition be adopted:—

To the Honorable the Commons, &c.

The humble petition of the undersigned practitioners of medicine, surgery, and midwifery, or as they are usually called 'general practitioners of medicine,' in the county of Suffolk,

Sheweth,

That your petitioners having understood that measures are in contemplation for regulating and reforming the medical profession, they beg leave to represent to your Honorable House their strong conviction—that, as the general practitioners have gradually become the *actual* medical advisers of by far the largest portion of all ranks of the population, no reform can be satisfactory to the public or to the profession, which does not provide for the due qualification, efficiency, and respectability of so numerous and so useful a class of medical practitioners.

Your petitioners, therefore, pray that your Honorable House would delay any legislative measures which might lead to the granting new charters to the Colleges of Physicians and Surgeons, until inquiries have been made into the present state of the medical profession, more especially with reference to the general practitioners (about twelve thousand in number), and until the whole subjects of medical regulation and reform has been thoroughly investigated by a committee of your Honorable House, and has undergone adequate discussion in Parliament."

Dr. Bedingfield rose to second the resolution, which he did with great pleasure. He had prepared some resolutions which he wished to have proposed to the meeting; but the letter of Sir James Clark and the petition just read rendered them unnecessary.

Mr. Crowfoot, of Beccles, proposed the second resolution, and briefly and cordially supported the object of the meeting, "That Colonel Rushbrooke be respectfully requested to present the petition to the House of Commons, and the other members of the county of Suffolk be requested to favor the petitioners with their support on the occasion, and that a copy of Sir James Clark's letter be forwarded to each member, with an intimation from the honorary secretary that it embodied the principles the meeting wished to have carried out. Mr. Harris, of Botesdale, seconded the resolution."

It was proposed by Dr. Darrant, and seconded by Mr. Davy, of Beccles, and carried unanimously, "That the Right Hon. Lord Brougham and Vaux be respectfully requested to present the petition to the House of Lords, and that a copy of Sir James Clark's letter be sent to him."

It was proposed by Mr. Peck, of Newmarket, and seconded by Mr. Pennington, of Needham Market, and carried with acclamation, "That the best thanks of the present meeting are due to Sir James Clark, Bart., for his judicious and able tracts on the education of medical men and on medical polity, in the form of two letters, addressed to the Right Hon. Sir James Graham, Bart., her Majesty's Secretary of State for the Home Department, and recommend those letters to the careful perusal of every medical man in the kingdom; also, that a copy of this resolution be sent to Sir James Clark."

It was proposed by Mr. Freeman, and seconded by Mr. Ward, "That the annual meeting of the Suffolk members of the eastern branch of the Provincial Medical and Surgical Association be held at Stowmarket on the 11th of August next, in pursuance of the resolution passed at the general meeting held at Ipswich last year."

Thanks were voted to the chairman, and the party afterwards dined together and spent a most social and agreeable evening. Several new members were elected.

MICROSCOPIC CHARACTERS OF ALBUMINOUS URINE.

Albuminous urine, when viewed under the microscope, exhibits granules and corpuscles of various form and size, the larger of which might be mistaken for the pus-globule by careless or inexperienced observers. The true source of these bodies is, in all probability, the serum of the blood, which is found to deposit analogous granules and corpuscles when diluted by a liquor of light specific gravity, which may easily be proved by pouring distilled water on serum, and submitting to the microscope the precipitate which collects after a few hours have elapsed. In other respects coagulate urine presents the ordinary appearances under the microscope, the solid ingredients or crystallisable products exhibiting, when present, the usual characteristics. Some specimens show very well the large form of granulated mucous globule known as the secretion of the prostate gland. —*Guy's Hospital Reports.*

COLD INFUSION OF CINCHONA CORDIFOLIA.

Mr. Battley has given, in the "Medical Gazette," an account of a preparation called Liquor Cinchonæ Cordifoliæ, consisting of a concentrated cold infusion of that variety of Peruvian bark. The writer believes that the value of the yellow bark has been too generally and too exclusively attributed to the quinine it contains. A series of experiments has afforded the following "pharmaceutical analysis" of this species of Cinchona bark:—

A peculiar acid, quinine, tannin, aromatic principle (essential oil?), lime, potash, alumina, iron, hydrochloric and sulphuric acids, silex, wax, resin, gummy matter, starch, woody tissue.

"The most agreeable cold infusion, and that which is most likely to suit a weak stomach, is formed by half an hour's infusion. Little or nothing is gained by continuing the maceration after the end of three hours in the same fluid; if the fluid be then poured off and a fresh proportion of water added, the maceration may be repeated for the same time. The acid, quinine, tannin, and aromatic principles, are taken up rapidly from the commencement of the operation; *the lime somewhat later.* The tannin taken up by the water apparently forms subsequently a new combination, which diminishes its effects on the salts of iron; for after six hours' maceration the infusion, which had previously given a copious precipitate with the muriated tincture of iron, ceased to do so, though it acquired the green color."

The conclusions arrived at by the author are as follows:—

1. Bark will yield to *cold distilled water* all its constituents except starch and woody fibre, some earthy salts, and a small portion of tannin and quinine, which can only be separated from the tissue by means of an acid.

2. Twenty-eight pounds of good yellow bark will yield from five to six pounds of concentrated liquor, specific gravity 1200, containing about ten ounces of quinine; the aroma, and the greater part of the tannin and iron, and the peculiar acid of bark, of which only a small portion is lost, forming an inert salt with lime.

3. To form this liquor it is only necessary to subpulverise the bark, and macerate it from four to six hours in twice its weight of cold distilled water, repeating the process twice, or at most thrice; to concentrate the infusions over a water bath to specific gravity 1200, and allow the liquor to deposit the gummy matter and so much of the tannin as it cannot retain in solution.

To separate any gum that may still remain in the liquor, and, to prevent any decomposition, proof spirit is added to it until the specific gravity of the liquor is reduced to 1100. The quinine still remaining in the bark may, if it be thought desirable, be separated by acetic acid, and precipitated from its solution by ammonia, and, being redissolved in a small quantity of dilute acetic acid, may be diffused in the liquor.

The advantages of this medicine are—

1. That it contains not one, but all the active principles of yellow bark.

2. That the greater part of the quinine is preserved *in its natural state* in combination with the peculiar acid of bark, in which it is more soluble than in sulphuric acid.

3. That the active principles *have undergone no change*, either from exposure to too great heat, as in the decoction, &c., or by being brought into too close contiguity, as in the extract, in which secondary formations take place to so great an extent that water is incapable of redissolving it.

4. That, containing no starch and little gum, it will remain unaltered for a great length of time.

5. That the quantity of spirit contained in a dose is too small to be objectionable.

6. That it is a convenient, agreeable, and elegant medicine, miscible with wine or water in any proportion.

This cold infusion of the Cinchona cordifolia is stated to agree with the stomach in those cases in which the exhibition of quinine would give rise to irritation and nausea, and not unfrequently succeeds in obstinate periodical and cachectic diseases, when the disulphate of quinine has failed.

EMPLOYMENT OF STRYCHNINE IN THE TREATMENT OF HEMIPLEGIA.

J., aged sixty-four, robust, and well formed, was seized with apoplexy, which was succeeded by complete hemiplegia of the right side, the power of articulation and of deglutition being also impaired. After having been submitted to a course of treatment consisting of blood-letting and purgatives, strychnine was had recourse to; from an eighth to a fourth of a grain was given daily. At first no effect was produced; but when the patient had taken about three grains he was attacked with acute pain on the paralysed side, extending from the foot to the face, and following the course of the facial nerve; the muscles of the thigh were affected by a continued tremor, and the foot was kept flexed upon the leg. These phenomena only existed on the diseased side; the opposite one offered no anomalous symptom during the whole course of the treatment; the pulse was full and slow, and the face much injected. After the lapse of an hour these symptoms disappeared, and were succeeded by copious perspiration, lasting for two hours. During the two following days, the bowels requiring the aid of a purgative, rhubarb was given, and the strychnine, in doses of the eighth of a grain, repeated twice in the day. At the fourth dose the face of the patient again became red and livid; the facial muscles were again the seat of convulsive twitchings, and the paralysed thigh was at the same time violently agitated; these symptoms subsided in half an hour, and were followed by perspiration. During the six following days the strychnine, in the same doses, did not produce any effect; but when the sixth of a grain was given convulsion followed. This latter dose continued for three days gave rise to violent convulsive movements of the muscles of the face and of the paralysed leg; whilst in the intermissions which occurred between these convulsive seizures it was remarked that the hemiplegic side had regained some power of motion, and an improvement in the condition of the patient was evident. The strychnine was now withdrawn for five days, and the perspirations ceased during the same period; at the expiration of this time a sixth of a grain doses were given, the second of which was succeeded in five hours by convulsion. For two months the exhibition of the strychnine was continued in doses varying from the sixth to the third of a grain, the interval between the doses being five days. At the end of this period motion had returned in the leg, and the patient was able to raise it; extension and flexion of the toes could be performed without difficulty; the face assumed its natural expression; articulation and deglutition were again perfectly performed; but the arm remained as paralytic as it was immediately after the apoplectic seizure. During the following two months involuntary tremblings of the thigh on the affected side took place, from time to time, the perspirations also occurring. Two years after the attack the tremblings of the limb again appeared, but less violently; but no further alteration in the state of the patient took place.—*Jahrb. der Œrtzlichen Vereins zu München.*

COMPARATIVE WEIGHT OF THE HUMAN BRAIN IN THE MALE AND FEMALE.

Dr. John Reid has published a very interesting and valuable series of tables demonstrating the average weight of the several organs of the human body. Of those applying to the development of the brain, the first table exhibits the heaviest, lightest, and average weight of encephalon, cerebellum, and cerebrum, with pons varolii and medulla oblongata at different ages in 253 brains. Though individual female brains are not unfrequently found to be heavier than individual male brains, yet the average male brain is several ounces heavier than the average female brain. The examination of the tables do not afford any support to the supposition of some, that the cerebellum attains its maximum weight at seven years of age, and the cerebrum its maximum weight nearly at the same period, or a little later. There appears to be little doubt, however, from all the facts which have been collected on this subject, that the brain arrives at its maximum weight sooner than the other organs of the body; and to judge (says Dr. R.) from a few measurements we have made of the length of the corpus callosum, the depth of the grey matter, the length, breadth, and depth of the corpus striatum and thalamus, we would be inclined to conclude that the relative size of the parts is the same in the young person as in the adult. We believe that there can be little doubt that the relative size of the brain to the other organs and to the entire body is much greater in the child than in the adult. We find less difference between the relative weight of the encephalon and cerebellum, at different periods of life, than we had been led to expect from some statements which have been made upon this question. The data we have collected do not entitle us to speak positively, but as the other statements to which we refer seem principally to rest upon the vague and uncertain measurements of the eye, we may reasonably request to be allowed to suspend our opinion of their accuracy, until we have a sufficient amount of materials brought before us to justify us in giving a decided judgment. In females we find a decided diminution in the average weight of the brain above sixty years of age, for we are perfectly satisfied as the tables containing the individual facts will show, that we more frequently meet with a greater quantity of serum under the arachnoid and in the lateral ventricles in old people than in those in the prime of life. We are also satisfied, from an examination of the notes we have taken at the times the brain were examined, that a certain degree of atrophy of the convolutions of the brain over the anterior lobes, marked by the greater width of the sulci, was more common in old than in young persons. We have, however, frequently remarked these appearances in the brains of people in the prime of life, who had been for some time addicted to excessive indulgence in ardent spirits.

In 87 brains, 34 of which were obtained from females, the total ages of both male and female brains ranging from twenty-five to fifty-five, the results were—

	Male.		Female.	
	oz.	dr.	oz.	dr.
Average weight of encephalon .	50	3½	44	8½
Average weight of cerebrum .	43	15¾	38	12
Average weight of cerebellum .	5	4	4	12¼
Average weight of cerebellum with pons varolii and medulla oblongata	6	3¼	5	12⅛

Relative weight of encephalon to the cerebellum was as 1 to 9 4-7ths in the male; in the female as 1 to 9¼. Relative weight of encephalon to cerebellum with pons and medulla as 1 to 8 8-13ths in the male; in the female as 1 to 7 9-10ths. From which it would appear that in the female the average cerebellum is relative to the encephalon a little heavier than in the male. By a table, containing the relative weights of the entire body to the encephalon, the heart, and liver, in the two sexes between twenty-five and fifty-five years of age, it would appear that though the average male brain is absolutely heavier than that of the female, yet that the average female brain relative to the weight of the whole body is somewhat heavier than the average male brain.—*Professor John Reid, in Edin. and Lond. Monthly Journal.*

PROGNOSIS IN PNEUMONIA.

Statistical investigation prove that age, sex, and the seat of the pneumonia, have a remarkable influence on the mortality. In respect to the first, it is ascertained that pneumonia proves fatal in an increasing proportion after the twentieth year, infancy being excepted; while Chomel found the mortality but 1 in 30 of persons before twenty, it rose to 1 in 8 between twenty and forty, and to 1 in 5 between forty and sixty. Grisolle also found the mortality between fifty and sixty 1 in 5. In regard to sex, it appears that females are much less favorable subjects for pneumonia than males, the mortality among them having been, in Grisolle's extensive experience, from one-third to one-half greater. Andral first expressly declared pneumonia of the summits of the lungs to be more fatal than of other parts—a circumstance which Louis affirms to be owing more to the well known greater frequency of pneumonia of the summits in persons advanced in life than to the mere influence of the parts affected. In this, however, he is not altogether correct, since it appears from Grisolle's cases that while 1 in 8 died from pneumonia of the lower lobes of persons of the average age of thirty-seven or thirty-eight, 1 in 5 died from pneumonia of the summits at the same period of life.—*Professor Henderson, ib.*

TREATMENT OF VOLVULUS.

Mr. Pilcher has recorded a case of volvulus occurring in a child, in which all the remedies commonly employed for the removal of the disease had been unavailingly employed, when he was induced by the recollection of a former case to order thin gruel to be injected by the rectum until the lower intestines had become completely distended, regurgitation being prevented by pressure around the anus. The effect was almost immediate, the obstruction giving way and the patient completely recovering.

PRISON DIET.

The following extract is taken from a letter by Sir James Graham, addressed to the magistrates on the subject of prison dietary :—

"I desire to call the special attention of the magistracy to those rules which relate to the diet of prisoners. On the proper adjustment of this particular their health mainly depends ; and I am convinced that the adoption of the proposed scales will prevent the recurrence of those complaints which have frequently been preferred, and in some instances justly preferred, against the prison authorities. It is by no means intended that the precise articles of food specified in the dietaries should be strictly adhered to in the table which you may adopt ; other kinds of food, containing an equivalent amount of nutriment, may, with advantage, be substituted when those articles which have been named are either difficult to be obtained in your neighbourhood, or are considered not suited to the customs and habits of the prisoners ; but that quantity of food must, in all cases, be given which is sufficient, though not more than sufficient, to maintain health and strength at a moderate cost ; and, while due care should be exercised to prevent any approach to luxurious living in a prison, the diet ought on no account to be made an instrument of punishment. I have consulted, not only the prison inspectors, but medical men of the greatest eminence, possessing the advantage of long experience ; I have carefully revised the dietaries now in use, and I have come to the conclusion—

1. That animal food should in all cases form part of the diet of prisoners employed at hard labor.
2. That a considerable portion of the food of every prisoner should be solid ; and,
3. That there should be variety in the kinds of food forming the diet, and that occasional changes are necessary.

The dietaries which I now offer for your adoption are framed on these principles, and are upheld by medical science, and by the recommendation of persons on whose authority and knowledge reliance may be placed ; but they have been framed without reference to the local situation of particular prisons, or to any peculiar circumstances which may render an increase necessary ; they, are, therefore, proposed by me as the *minimum* amount which can safely be afforded to prisoners without the risk of inflicting a punishment not contemplated by the law, and which it is unjust and cruel to inflict — namely, loss of health and strength through the inadequacy of the food supplied."

SUPPRESSION OF QUACKERY.

M. Beauvoisin, doctor in medicine of the faculty of Paris, was recently condemned by the police court to two years' imprisonment, and a fine of eight pounds, as guilty of obtaining money under false pretences. He was one of those advertising quacks who, in England, are allowed full swing, and pretended to "cure cancer without the knife." It was clearly proved that the patients, whom he announced as cured, were not cured at all, and that the letters which he published, as coming from them, were forgeries.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, April 28, 1843.

J. C. Pritchard, T. Prosser, D. P. Evans, D. C. Noel, R. Tebbitt, C. M. Smith, J. M. Woollett, T. Turton, R. Worsley, W. Hitchins, J. Mc Donogh, S. Bowden, J. Wheatcroft, T. Adney, G. H. Hopkins.

APOTHECARIES' HALL.

Licentiates admitted Thursday, May 4, 1843.

Charles Penruddocke Fitz Gerald, Sidmouth, Devon ; William Wiblin, Southampton ; Frederick John Robinson, R.N. ; William Mills Dowding, London ; Frederic Spicer, Cheltenham ; John George Sproston, Oldbury ; John Wyatt Barnard, Dunmow ; William Dickson, Elvington, Yorkshire ; Francis Robert Stradling, Bridgwater.

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TO CORRESPONDENTS.

T. M., Manchester.—We feel much obliged for the communication, but are uncertain whether the *note* which preceded it was intended for publication or not.

Thirsk.— We would willingly oblige our correspondent, but he must perceive that the announcement has no reference to "promotions or appointments."

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS TO DR. HENNIS GREEN, 58, MARGARET STREET,
CAVENDISH SQUARE, LONDON.

Printed by SAMUEL TAYLOR, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand ;
and Published by HENRY RENSHAW at his residence, No. 356, Strand,—Saturday, May 6, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 137.] LONDON, SATURDAY, MAY 13, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES ON VENEREAL AFFECTIONS

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE I.

March 21, 1843.

Introduction—Definitions—Classification—Non-virulent affections—Virulent affections—History of syphilis.

Gentlemen,—For twelve successive years have we met, in order to study together the various modifications of syphilis; and, whatever a late writer* may have stated, the recollection of former years, and the following rapid glance at the present condition of our wards, will, I have no doubt, permit you to judge for yourselves, whether or not the Hopital du Midi is a proper place wherein to study venereal affections.

One hundred and twenty-two beds compose at present the service. Exclusively of a few unoccupied, and of twenty-four devoted to scrofulous and surgical cases, such as cancer of the rectum, hydrocele, urinary fistula, &c., ninety-eight beds are filled by patients laboring under venereal diseases, twenty by patients affected with gonorrhœa and its consequences, epididymitis, stricture, &c. We have also twenty-five cases of non-indurated chancre, whereof fourteen are complicated with bubo; five cases of phagedenic or spreading sore, and thirty-three of indurated primary ulcers, in twenty-seven of which secondary eruptions have already appeared, four cases of tubercle of the skin and iritis, and seven beds occupied by tertiary disease, in all of which chancre has existed as an antecedent symptom. These form, for the present, our field of observation; and, as our patients are constantly recruited by two consultations a week, you will find that field sufficiently extensive and sufficiently rich to answer all the necessities of observation.

We shall give the name of "venereal diseases" to all those morbid phenomena which are the consequences of sexual intercourse.

In the immense mass of disorders which may be contained within the wide circle of this comprehensive definition, long continued observation has led me to establish two great classes which may, it is true, be occasionally met with in combination, but which are ever distinct, both in their nature and in their consequences.

1. *Non-virulent diseases*, which may also result from other causes than sexual connection; the prototype of this class is "gonorrhœa."
2. *Virulent affections*, recognising as a proximate cause the action of a specific morbid poison. "Chancre" is their first manifestation.

I shall not, Gentlemen, detain you long with historical investigation. Beyond what is absolutely indispensable for understanding some generally received facts, the chronological account of the errors of the human mind is as fruitless as it is devoid of attraction; I shall, therefore, abstain from an easy display of erudition. I shall not "quote the Scriptures for my purpose," nor Hippocrates, nor Celsus. Pliny, Galen, Aëtius, I shall not bring before you in solemn array to bear witness to the statement, that in those early ages vice met, as in our own times, with its proper chastisement. We shall not delay you upon this point; but one circumstance must perforce strike those who are familiar with "ancient lore"—it is the evident ignorance in which the old writers stood of the connection between primary and secondary infection. We cannot possibly be surprised at the fact, when so many learned men of our own times willingly shut their eyes to the light of the sun, and declare they do not see it!

At the close of the fifteenth century a fearful epidemic raged in the sunny climes of Southern Europe. Owing its birth to many causes, it comprised, no doubt, various diseases, and amongst others, inveterate syphilis, which, impelled by the dire influence of the pestilent epidemic, acquired an excessive degree of violence.

From that time forwards the constitutional symptoms of syphilis appear almost exclusively to have occupied the writers on the subject, and to have absorbed their attention to such a degree as to make them lose sight of primary ulcers. The acknowledgment of the necessity of a special cause (of itself a marked progress in the pathology of syphilis) was first made by Alex. Benedetti, in 1497, who maintained the presence of a virus; but Fernel really established, on firm grounds, the doctrine of a particular poison, differing in its nature from any possible transformation of the natural secretions.

The silence of John of Vigo, Ulric de Hüten, Maynard (1519), with respect to gonorrhœa, although they must have been well acquainted with it, clearly shows they did not connect it with syphilis.

Bétancourt, Paracelsus (1528), again, attach gonorrhœa to the disease; and this opinion prevailed until Balfour, Duncan, and Todd, in particular, dispelled the error. Benj. Bell ably, I will say victoriously, defended Todd's views; but since that time most pathologists have again reinstated gonorrhœa, and been blinded by its unjust pretensions, as will be seen in Dr. Lagneau's works on the subject.

In 1786, John Hunter, whom I may safely call the "prophet of syphilis," laid the grounds of that classification which I have adopted and, I believe, completed; for, I feel proud to state, there exists such a resemblance between that great man's theories and mine that I consider myself as the mere executor of what he has planned.

---

* M. Casenave.

Caron in 1811, and Broussais a few years later, assumed a much easier mode of classification; denegation was their sheet-anchor. In syphilis, according to Broussais, there exists no virus, no morbid poison, and the therapeutics has only to measure and restrain the various degress of irritation; and yet, some men of the "so-called" physiological school, carried away by the strength of facts, which are "stubborn things," freely exhibit mercury as a *specific* in these "irritations!"

You perceive, Gentlemen, that since some thousands of years syphilis has worn the garb of the most influential doctrines, which have, in rotation, set "the fashion" in pathology; the humorists at one time, the solidists at another, have invested venereal diseases with their own modish robes; and the self-christened "physiologists" have clad them, in their turn, in a short coat of their own making, which, unfortunately, has left syphilis shamefully exposed.

At the close of this, our first meeting, we must request you all, Gentlemen, to examine our patients with the assistance of your own senses, and not to rely exclusively upon our words. It shall be my endeavour, in the course of these lectures, to avoid the moving sand of theory, and, also, too frequent reference to authors; our unchangeable motto shall be, "Facts, not names."

SECOND REPORT
OF
PRIVATE MEDICAL PRACTICE FOR 1841.

By CHARLES COWAN, M.D. E. and P.,
Physician to the Royal Berkshire Hospital and Reading Dispensary, &c. &c.

[*For the Provincial Medical Journal.*]

(Continued from p. 111.)

SPECIAL REPORT.

Fever.

Sex.—16 males; 11 females.

Ages.—Under a year	1
1 to 5 years	7
5—10	1
10—20	2
20—30	11
30—40	3
40—50	2

Season.—March, 2; April, 1; May 1; June 3; July, 4; August, 1; September, 1; October, 8; November, 3; December, 2.

Anterior Duration.—Under a week	11
1 to 2 weeks	6
2—3	6
3—4	1
More than a month	3

Average Duration of 12 cases cured, 8 days.

Result.—Cured, 13; convalescent, 2; irregular, 12.

Symptoms.—Pyrexia of a mild character, frequent recurring chills, muscular prostration, cerebral inertia, headache, constipation, and mild diarrhœa, were the prevailing features. The respiratory mucous membrane was either free or only slightly affected. The disease was only prevalent in October, when the weather was mild, moist, rain falling twenty-two days, with boisterous winds from the west and south-west, the barometric mean being lower than in any other month, 29,457; the mean temperature was also eleven degrees higher than the preceding month.

They were all comparatively mild cases, with no tendency to a malignant type, and were treated in the early stages with emetics, laxatives, and salines; and in the latter with quinine.

Fever of severe type we have seldom witnessed in this neighbourhood, and when present has generally been traced to local and removable causes. It is, however, occasionally met with of a very slow and lingering character, and is generally dependent on chronic intestinal mischief. We have also seen some well-marked instances of prolonged hectic disturbance apart from all discoverable local disease. A mild tonic plan with change of air and the use of sedatives seem the most efficacious means; but this form of disturbance sometimes resists all medical treatment, and after very variable periods subsides without any evident crisis.

We shall now briefly advert to the experience of others in the treatment of fever, selecting that which may not have sufficiently attracted the student's attention. A surgeon in extensive practice has found the following powder very advantageous in 140 cases of simple fever, continuing its use until the gums were slightly affected:—

Nitrate of potash, four grains;
Tartrate of potash, a quarter of a grain;
Mercury with chalk, five grains. Mix. Repeated every four hours.

And in all fevers of a low type he was convinced of the benefit of the saline treatment. His formula was—

Chloride of soda, three drachms;
Carbonate of soda, two drachms;
Hydrochloric acid, half a drachm;
Camphor mixture, six ounces. Mix. Half an ounce every hour.

He founded his experience upon notes of 120 cases.

In reference to the use of mercury, Dr. Macartney says, "In no single instance have I known mercury fail in arresting the progress of fever, provided it be not combined with visceral affections or characterised from the beginning with great prostration of strength."

Mr. R. Stevens (Lancet, 25 June, 1842) asserts the value of mercury in all contagious diseases, and he has met with more than ordinary success since employing it in the treatment of fever.

Dr. Elliotson, and many other writers, speak favorably of the mild use of mercury in this disease; and when the type was inflammatory it might, perhaps, be always judiciously prescribed.

Mr. George Ross, of Enfield (*vide* "Lancet," March 4, 11, and 18, 1843), in some very interesting and able observations on fever, well worthy of careful perusal, strongly recommends the employment of ipecacuanha emetics, followed by fifteen to thirty grains of calomel, and an equal quantity of jalap, four hours afterwards. This is repeated on the recurrence of exacerbation of the symptoms, which assume in almost every case a quartan type, two or three times, and neither excites excessive purging or any inconvenient constitutional disturbance. The quantity of calomel necessary seldom exceeds a drachm; the effect is quickly beneficial, the convalescence rapid, and the duration of the complaint curtailed. He objects to repeated small doses of mercury, as more distressing to the patient, more likely to excite intestinal irritation, and much less successful in the result. He thinks well, though less favorably, of the saline treatment, and in intractable cases would administer the nitrate of potass in doses of ten to twenty grains three times a-day. We again refer the reader to Mr. Ross's excellent paper.

In the "Lancet" for December 14, 1839, some very interesting results on the use of salines are given by Dr. Jordan Lynch. He practised in the worst districts of London, and states that his success after employing the following treatment exceeded his most sanguine expectations. After premising an emetic, and a brisk purge of calomel and rhubarb, or jalap, he gave a solution of three drachms of common salt to the pint of water in the twenty-four hours, the patient drinking largely of cold spring water, adding to the mixture a drachm of muriatic acid as the symptoms improved, with effervescing soda powders till convalescence was complete, supporting the strength with beef-tea and porter. The acid effectually checked the diarrhœa. Out of 97 cases not one died, and recovery, he says, took place in as many days as it required weeks on the ordinary plan.

Dr. Copland, in his elaborate article "Fever," par. 596, says, "The chloride of soda is a valuable medicine in all the typhoid forms of fever when judiciously prescribed;" and Chomel, who gave it an extensive trial, states that it has proved more successful in low fevers than any other means when perseveringly employed. Drs. Graves and Stokes also think highly of it in petechial fever.

Dr. Wilson, of the Middlesex Hospital, adopted Dr. Stevens' saline treatment, with great advantage, during the prevalence of petechial fever in 1837. The patients were all put into a warm bath and washed with soap, the head shaved, and cold applied if necessary. The following powder was given in water every four hours:—

Carbonate of soda, half a drachm;
Chloride of sodium, one scruple;
Chlorate of potass, six grains. Mix.

If this were refused, a drachm of the chlorate of potash in a quart of water was given for drink in the twenty-four hours. In some severe typhoid cases, where active treatment was inadmissible, in addition to wine and beef-tea, Dr. Graves gave carbonate of soda, one scruple; nitrate of potash, ten grains; every three hours, with great success.

Dr. Furnival, in his work on consumption and scrofula, says, "In the middle or even later periods of typhus, I must bear testimony to the great efficacy of large doses of the sesquicarbonate of soda alone, every four hours, either in water or some tonic effusion. It is surprising how soon the tongue will clean and the collapse give way."

Dr. Bright speaks favorably of a similar plan, and the common effervescing draughts,' prescribed as simple refrigerants, may be more more actively useful than the prescriber suspects.

Among the German writers there is extensive evidence in favor of the hydrochlorate of ammonia in putrid adynamic fevers, and a very general preference has been attached by writers of all classes to combinations in which chlorine plays a part. Indeed, the compound recommended by Dr. Stevens is probably resolved in the stomach into the muriates of soda and potash. The nitrate and chlorate of potass are also particularly deserving of trial.

The above practical testimonies in favor of the saline treatment of fever are more than sufficient to entitle the subject to the student's serious consideration; though the value of such treatment is practically demonstrated, the theory is not free from much painful obscurity, but some additional insight into the possible modus operandi of such remedies may be gleaned from Professor Liebig's researches on the influence of soda on the decomposition of our tissues and in the formation of bile.

If continued fever may be regarded in all instances as the result of a morbid poison in the system, either imbibed from without or generated within, and that its phenomena are functional efforts for its elimination, or disturbances kept up by the presence or reproduction of the exciting cause; in either case it is easy to conceive how remedies of the class now alluded to might prove useful; either by facilitating the excreting act where the poison is not reproduced, by stopping the fermenting process, by neutralising the morbid agent itself, or modifying the element of the blood which is essential for its continued transmutation. There can be little doubt that a more accurate knowledge of the chemical changes induced, would admit of equally accurate remedial appliance; but at present we are almost limited to empirical experiments, and more indebted to practice than to theory for our successes. Hence the importance of being acquainted with what others have beneficially tried. It is not easy to say whether the efficacy of the saline treatment depends on the base, the acid, or the salt. Considerable evidence might be adduced of the utility of mineral acids as well as salts, and the apparent contradiction in the means may be the simple result of our ignorance. The acid may be the effective agent when administered in a combined as well as a free state; and the favorable results ascribed to both may depend on their correct but empirical application to fevers of a particular type.

Dr. Paris states that in the Westminster Hospital a drachm of the muriatic acid combined as a drink has been given for many years in typhus fever with evident advantage; and in the "Lancet" of 23d Jan., 1841, a very strong statement is made by Mr. Alqhuen, of the value of the oxymuriatic acid, when freely administered under similar circumstances. Huxham, Fordyce, Frank, Hufeland, and many others, unite in the recommendation; but both theory and practice preponderate as a general rule in favor of the preceding class.

Dr. Buzorini ("Brit. and For. Med. Rev.," Oct. 1839) thinks that ipecacuanha possesses a specific power of exciting the nervous system. It increases all the excretions, moderates the alvine discharges, diminishes restlessness and delirium. Dr. B. founds his opinion upon ten years' experience, and advises its being given in infusion in the proportion of one or two scruples of the root to five or seven ounces of water. Dose, half an ounce every two, three, or four hours. In influenza, and fevers with bronchial complication, especially in children, it might prove a very useful and cheap practice.

Frank's celebrated fever powders consisted of tartar emetic, six grains, and bitartrate of potash, half an ounce, divided into six powders, and one given every hour.

A provincial physician in extensive practice, and with keen observing powers, attributes great benefit to the following formula in all cases of severe febrile disturbance, eruptive or otherwise:—

Liquor of the acetate of ammonia, five ounces;
Potassio-tartrate of antimony, six grains;
Syrup of poppies, or of ginger, one ounce;
Tincture of opium, one drachm;
Spirit of nitric æther, six drachms. Mix. Half an ounce every one or two hours.

It excites vomiting, and then purges and sweats.

Against headache in congestive fever the formula of Raspail has been much vaunted:—

Liquor ammoniæ, one ounce;
Distilled water, nine ounces;
Chloride of soda, five scruples;
Camphor, ten grains. Adding any agreeable scent.

A piece of linen to be steeped and applied over the part, carefully protecting the eyes by a thick bandage above the brows. The action is often rapid, the pain ceasing in fifteen to thirty minutes. It ought to be reapplied at the commencement of the paroxysm, and is also very valuable in other local congestive conditions. M. R. thinks there is a peculiar chemical change excited in external applications depending on the nature of the local action. Before concluding we would just allude to the use of belladonna for the relief of head symptoms with *contracted* pupil, as recommended by Dr. Graves, and to the good effects of emetic tartar and opium in cases of cerebral congestion, as stated by the same observer. Dr. Stokes' excellent observations on the indications for the use of wine in fever, being founded on an examination of the heart rather than of the pulse, are also of a truly valuable and practical character.

Influenza.

Sex.—16 males; 18 females.

Ages.		
	Under a year	2
	1 to 5 years	4
	5—10	1
	10—20	6
	20—30	6
	30—40	6
	40—50	6
	50—60	0
	60—70	3
		34

Season.—January, 2; March, 25; April, 6; May, 1.

Anterior Duration.		
	Under a week	7
	From 1 to 2 weeks	5
	„ 2—4	11
	More than a month	7
	Not registered	4

Average duration of treatment, 10½ days.

Results.—Cured, 21; irregular, 11; relieved, 1; died, 1.

Symptoms.—The most prevailing were frequently recurring chills and heats, general but not extreme prostration of muscular power, frequent irritative cough, with substernal soreness and oppression, headache of a tensive character, and catarrhal inflammation of the lining membrane of the head, face, and fauces; the digestive mucous membrane was only affected in five cases; in some the appetite remained good, and in a few was craving; the pulse was soft, accelerated; the attack was in general sudden, and the prostration rapid; in several instances the convalescence was slow, and the foundation laid for subsequent ill health.

In whatever the exciting cause might consist, it was clearly very rapidly and extensively diffused, indiscriminate as to age, sex, or rank, and, as far as we could judge, not propagated by contagion.

It will be observed that three-fourths of our cases were of more than a week's duration. In the acute cases antimony and alkalies, with opium, rest in bed, with spare diet, and pediluvia, constituted the treatment. In the more chronic, quinine and sulphuric acid, with opium, were principally employed. The effects of quinine in quickly checking the febrile paroxysms, and restoring the general health, were very satisfactory.

In this neighbourhood the epidemic set in about the close of February, arrived rapidly at its maximum in March, and seemed exhausted by the beginning of May. During the preceding December, January, and February, the temperature had been unusually low; the atmosphere very dry; the prevailing winds, N.E., N., and E. While in March it blew thirty days from the S., S.W., and W.; the mean temperature rose ten degrees; the quantity of rain considerably increased; and, what is rather singular, the barometer rose higher, and remained more stationary than in any other month of the year. A similar fact is noticed by Dr. Holland for the epidemic of 1830. During April and May the rise of temperature was progressive, the amount of rain still greater, while the wind blew nearly equally from every point of the compass, yet the epidemic quickly declined, which favors the inference, that its intensity during March may be ascribed more to the influence of sudden atmospheric and other changes upon an unprepared system than to the presence of any specific cause of infection. This idea is supported by the rapid invasion of the epidemic, its general diffusion, its invading all ages and constitutions, its non-contagious character, and by the nature of the functional disturbances. We are aware that in the valuable report on the influenza in the 6th vol. of the Provincial Transactions, it is concluded that "the exciting cause of influenza cannot be found in sudden vicissitudes of temperature, great heat or cold, damp weather or melting snow, however much all or any of these circumstances may predispose to or originate the more ordinary catarrhs, eruptive fevers, and other disorders of spring, autumn, and winter;" but we think that if atmospheric conditions possess the importance here ascribed to them, it is more reasonable to regard them as capable of originating a disease like influenza, than of exciting the specific disturbance of eruptive fevers. All sudden changes of weather may not be productive of special forms of disease, and yet these may still be the products of particular combinations. We are capable of very imperfectly estimating the combined influences included under the term "weather," and the comparison of one season with another is at all times liable to considerable fallacy. Apart, however, from any specific effect, seasonal changes are, no doubt, at all times closely connected with those constitutional peculiarities modifying more or less every form of disease—changes to which the illustrious Sydenham so sagaciously directed his attention, and on the right appreciation of which successful treatment is often so closely dependent.

Convergent details of atmospheric conditions from numerous observers would, no doubt, terminate in some practical additions to our scanty knowledge upon the subject.

From the essay of Dr. Holland on epidemic influenza in his philosophic and interesting volume, and Dr. Graves' excellent lecture on the same subject, the reader will reap much pleasure and instruction; and we cite these authors the more willingly, as they are decidedly of opinion that the disease is not attributable to mere atmospheric variations. The memoir of Dr. Black, of Bolton, published in the Seventh Report of the British Association, may also be advantageously consulted.

Hooping Cough.

Sex.—8 males; 9 females.

Ages.—Under a year	1
1 to 2 years	4
2 — 3	4
5—10	5
10—20	2
20—30	1
Anterior Duration.—Under a week	1
1 to 2 weeks	2
2 — 4	5
1 — 2 months	4
2 — 4	5

Average duration of treatment of 7 cases reported cured, 17½ days.

Result.—Cured, 10; irregular, 6; died, 1.

We observed nothing in the *symptoms* worthy of remark.

Treatment.—In acute cases, an emetic daily, or on alternate days, a strong anodyne or counter-irritant liniment to the chest, mercurial laxatives, and the internal use of opium with antimony.

In more chronic cases, emetics were frequently given; if the bronchi were much involved, the counter-irritation was more active, and quinine, with small doses of calomel and ipecacuanha, administered.

In the single adult case registered, mild purging, and the compound conium pill, afforded quick relief.

Observations.—The popular and professional catalogue of remedies for hooping-cough is both lengthened and varied, proving the usually obstinate nature of the disease. It cannot, however, be doubted that particular combinations have at times been attended with more than ordinary success; and it is the part of sound wisdom to treasure up these evidences of remedial triumphs, since circumstances may arise in the practice of all, where we are baffled in the application of our general principles, and are glad to resort to more specific and empirical means. There is, no doubt, a tendency in most minds to place exaggerated reliance on particular remedies, and to attach to them results which are attributable to the natural progress of the disease; but, on the other hand, it is possible to under-estimate their value, and to adhere too obstinately to imaginary principles. Success is, after all, the best test of being right, though it is often very obscurely obtained; and in the practice of our art we are frequently compelled to be content with results apart from their explanations, and to submit to failure where our theory seems most complete.

Dr. Thompson considers prussic acid his sheet-anchor, gradually increasing the dose, and combining carefully regulated temperature with a milk and vegetable diet. He says the disease seldom resists more than four to five weeks.

When the acute symptoms have subsided, the following extensively used formula of Dr. Beatty, of Dublin, recommended by Graves, has proved very useful:—

Compound tincture of bark, five ounces;
Tincture of lytta, tincture of camphor, of each half an ounce. Mix. A teaspoonful three times a-day in linseed or barley tea.

Above five or six years of age the dose may be increased one-third daily until half an ounce is taken.

The liquor arsenicalis, in decoction of bark, is favorably mentioned; and in the second volume of the Provincial Transactions, p. 412, a combination of the tincture of lytta with the tincture of lobelia is stated to have proved successful.

Belladonna by liniment, plasters, and internally, is undoubtedly a valuable agent. Dr. Waldeck, of Berlin ("Bul. Gen. de Ther.," 1838) gave from one-tenth to one-twelfth of a grain for a dose, and speaks very positively in its favor. Dr. Lombard, of Geneva (French "Lancet," 9th June, 1838), mentions as a sure symptom of the decline of the disease the greater frequency of accesses during the day than night, and *vice versâ*. He speaks highly of the sesqui-oxyde of iron in diminishing the number and violence of the fits, giving twenty-four to thirty-six grains a-day in divided doses. Dr. Steymann ("Bul. Gen. de Ther.," March, 1838) brings forward similar evidence.

Dr. Crossley Hull's great remedy in all cases was powdered alum, which he prescribed in a little water eight times a-day, beginning with ten grains, to be increased two grains each dose till twenty are reached, which was then continued till the cough had ceased, which he states was the case generally in a week or less. The above doses are for young persons about fourteen; adults may increase the dose to twenty-six grains. Infants are to begin with four or five grains, increasing two grains a dose to fifteen. No other medicine was given; milk to be avoided.

Dr. Reece strongly advises a warm irritating plaster to the chest, and the following medicine:—

Tincture of assafœtida, one drachm;
Tincture of opium, ten minims;
Powder of ipecacuanha, ten grains;
Water, two ounces. Mix. A teaspoonful every three hours to a child two years' old, increasing the dose ten minims for every year.

When this fails, the two following formulæ are (too) highly praised:—

Powdered leaves of conium, one scruple;
Mint water, two ounces;
Syrup, two drachms. Mix. A teaspoonful three times a-day to a child of any age, adding ten minims to the dose, till nausea and giddiness are felt.

Di-acetate of lead, four grains;
Syrup of poppies, two drachms;
Fennel water, two ounces. Two teaspoonfuls to a child from two to ten years every five hours; half an ounce for an adult.

It is said to cure generally in three days (?) There is other confirmative evidence in favor of lead in this disease, and a formula in combination with conium is given in our report of the Reading Pathological Society for 1842.

Mr. C. H. Chavasse ("Lancet," May 30, 1840) speaks highly of the following formula:—

Sulphate of copper, half a grain;
Syrup of poppies, half an ounce;
Anise water, an ounce and a half. Mix. A teaspoonful to be taken every second or fourth hour, according to the age.

Sir William Watson's celebrated prescription was—

Tartar emetic, one grain;
Tincture of opium, twenty minims;
Distilled water, one ounce. Mix. A teaspoonful every, or every other night.

Mr. Pearson, after premising an emetic, relied much upon—

Tincture of opium, one minim;
Ipecacuanha wine, five drops;
Carbonate of soda, two grains;
Water, half an ounce. Make a draught, to be taken every four hours.

Dr. C. Wachtl, of Vienna (vide Provincial Journal, January 21, 1843) has found cochineal very useful in rapidly checking the paroxysms.

Cochineal, ten grains;
Bitartrate of potash, one scruple;
Sugar, one ounce;
Water, six ounces. A teaspoonful every four or six hours.

It is an old and popular remedy.

The following is Roche's far-famed embrocation:—

Olive oil, one ounce;
Oil of cloves, half an ounce;
Succinum oil, half an ounce. Mix.

We are not the advocates of one or all of the above, but think their occasional efficacy sufficiently attested to justify their use in particular cases.

Secondary Syphilis.

Sex.—11 males; 5 females.

State.—10 married; 4 single; 1 infant; 1 not registered.

Ages.—	Under a year	1
	20 to 30 years	7
	30 — 40	5
	40 — 50	2
	60 — 70	1
		16

Result.—Cured, 9; irregular, 7.

Average duration of treatment in 7 cases cured, 32 days.

Anterior Duration.—	Under a year	6
	From 1 to 2 years	8
	More than 2 years	2

Treatment.—It was, in all, similar to that detailed in our first report. The hydriodate of potash internally, with opium, in sufficient doses, to allay pain; flannel clothing and nutritious diet. The addition of iodine to our therapeutics of syphilis is an invaluable boon. We have not met any cases in which that remedy, when persevered in, has failed; it has generally been continued for two or three weeks after all local symptoms have disappeared; the poisonous effects have been observed in a few cases, but the inconvenience is temporary and does not require a discontinuance of the medicine. It is right to state that our cases were not of the worst description.

The number of local symptoms which yield to so simple a plan is very striking, and is one of the many proofs of the vast importance of correctly seizing the constitutional condition.

[*To be continued.*]

ON THE

TREATMENT OF SPASMODIC CHOLERA.

By George Fife, M.D.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The treatment of spasmodic cholera, like that of every other disease, must be modified by circumstances—as the general habits and constitution of the patient, the period or stage of the disease, and the violence of the attack. In each stage the indications vary, and consequently the best course for me to pursue is to consider each stage separately, it being kept in mind that, however different the symptoms may be at different stages, they all depend on one general cause, for the removal of which the best and most judicious exertions of the physician are but too often insufficient.

Treatment of the First Stage.—When an epidemic cholera prevails, every derangement of the organs of digestion is to be regarded with the utmost jealousy, especially if diarrhœa and nausea, with epigastric uneasiness, be present, as in many instances such symptoms barely claim notice, when the most aggravated attack sets in. It may generally be held as extremely unsafe to use any very active purgative, as innumerable cases are recorded wherein the exhibition of such medicines have apparently at once matured the disease. This remark applies equally to the disease as it occurs in this country and in India. In this state a person may remain for several days, or even weeks, when the true choleric discharges may suddenly appear, and collapse as rapidly ensue. In this stage the first indication undoubtedly is to mitigate, if not at once to check, the discharges, as the longer these persist unrestrained, the more speedily the formation of the disease in all its malignity is effected. When vomiting is not urgent, and the diarrhœa has gone even to a considerable extent, the most effectual relief has been obtained by the exhibition of a full dose of calomel with a moderate dose of opium, given in *powder*. Stimulants, if used at all at this period, require caution. If the patient be robust, and any tendency to vertigo or confusion be present, a moderate abstraction of blood will prove useful, which appears to arise from its removing congestion, and also relieving the system, in some measure, from a portion of fluid which, from its altered condition, is not only unfit for the purposes of the economy, but seems to exert all the properties of a poison. In this way it increases the power of the system, when aided by other appropriate means, to take on a new and healthy action. When vertigo and headache exist early in the disease, stimulants are to be sedulously avoided; and even when these symptoms are not present, their use appears questionable. In ordinary cases the best plan of proceeding seems to be to give a moderate dose of calomel with opium, five or six grains of the former with a grain of the latter. Should this succeed in arresting the symptoms, after an interval of from four to six hours, a dose of castor oil may be given, either with peppermint or some warm tincture. In addition to these measures, it is advisable, even although no diminution of temperature have taken place, to apply heat to the surface of the body, especially to the extremities. If the tendency to vomiting be great, a sinapism applied to the epigastrium will prove serviceable. The patient may have at intervals strong beef tea, seasoned with Cayenne pepper, or sago or arrowroot, with a little sherry wine or brandy. On the whole, however, stimulants are better avoided at this stage of the disease.

Second Stage.—The sinking or collapse, which is the characteristic feature of this stage, is as much the consequence of the unchecked progress of the first as the hot stage of intermittent fever is the necessary sequence of the cold. Hence it is important, however desirable it may be to palliate the more urgent symptoms, to direct our measures with the strictest regard to the general cause upon which the disease itself depends. If in any stage of cholera it be requisite to qualify general rules, it is in this; wherefore, although I cannot sufficiently condemn the lavish abuse of stimulants, it is not to be denied that their just employment has been attended with inestimable benefit. I will now, as briefly as possible, consider the measures applicable to this period of cholera *seriatim*. From the opinions already expressed, it will be anticipated that even at this period of the disease I do not entertain the horror of actual depletion which many writers do; on the contrary, in no cases (according to my experience) has it proved more useful than in those where pulsation at the wrist was either lost or reduced to a mere thrill, where the whole symptoms of collapse were well defined, and especially where cramps and vomiting persisted. Under these circumstances I have used the lancet with marked success. In one case, which Mr. Miller (an assistant to the late Dr. Mackintosh, in the Drummond-street Cholera Hospital, Edinburgh) saw with me, this was remarkably evident, although Mr. M. at the time thought that I had destroyed all chance of doing good, but who presently found the pulse restored, the cramps and vomiting subdued, and the temperature of the surface rapidly improving. With the aid of ten grain doses of calomel, with half a grain of opium, saline effervescing draughts, composed of carbonate of soda and tartaric acid, and castor oil, this patient was convalescent in two days. The violence of this case may be estimated by the fact that the poor woman was collapsed within two hours after her first feeling of indisposition, having been up to that period occupied the whole day in washing. Many other cases might be adduced, similar both as to character and termination to the preceding, but no benefit would arise from their detail. The utility of blood-letting may be ascribed to the following effects:—

It relieves the congestion of the viscera which manifestly exists, and the presence of which is almost sufficient to account for the prostration of the powers of the system, vital and natural. It removes from the system a portion of fluid, which, from its altered state, may be viewed, in the strictest sense of the term, as a poison, and it also renders the system more susceptible of the impression to be made by other medicines. Firm as my belief in the efficacy of blood-letting in cholera is, when practised with due discrimination and the necessary precautions, nothing can be more remote from my intention than to advocate its universal adoption, as few facts are better known than the dissimilarity of different epidemics, or even of the same epidemic at various periods of its prevalence. In most cases where I have resorted to it, a dose of ammonia has been given, with the object of preventing sinking, which is said to have ensued. Ammonia is preferable to alcoholic compounds, as being more diffusible and less permanent in its effect, and consequently less liable to excite, or to keep up undue reaction.

Calomel is the remedy next in importance; its operation is so well known and appreciated, that it is unnecessary to say more than a few words on its utility in cholera, which may be regarded as owing to its efficacy as an excitant of the secreting organs, and to its general alterative action. In this disease, time being of the first importance, the attempt at its gradual introduction into the system is futile; hence, to obtain its speedy effect, it must be given in full doses and at short intervals. The doses in which I have given it have varied from six grains to half a drachm, and even these doses have seldom produced an unpleasant degree of ptyalism, or any other bad effect. The first dose was generally combined with from half a grain to two grains of powdered opium, which, except in cases where diarrhœa and vomiting persisted, was seldom repeated, whilst the calomel itself was continued until the evacuations resumed the bilious character.

Opium.—The utility of opium at this period of cholera appears somewhat questionable, as, unless given in very large doses, it not only exerts little influence over the spasms, but also retards the operation of the calomel, especially as to the restoration of bile and the other secretions. In large doses it is highly objectionable, as there is already such a degree of depression of the vital powers that the superaddition of narcotism is to be studiously guarded against. When diarrhœa continues, it is highly useful in the form of enema, combined with starch or heated port wine. This I believe to be the least objectionable mode of administering it.

Emetics.—Of this class of medicines in the treatment of cholera I cannot from experience speak, although at an early period of the disease it is highly probable that they may be useful, by relieving the system of any noxious matter, and by equalising the circulation. By Mr. Morley, of this town, they have been extensively employed and highly extolled.

Stimulants.—At this stage of cholera stimulants are not only useful but indispensably necessary. From experience I believe that, as a general rule, the most diffusable and least permanent in their action should be selected, as, where a case is duly watched, the effect of these is readily maintained for the requisite time. For this purpose ammonia is perhaps the best, as it can either be given alone, or in combination with wine or spirit. One circumstance should ever be kept in view—viz., that as soon as reaction is manifestly present, stimulants should either be altogether discontinued or given with extreme caution, as, otherwise, reaction is little less dangerous than collapse itself—in fact, so far as experience enables me to judge, I believe that where the disease has been seen in its most fatal form, more cases have died from cerebral congestion than in the state of collapse. It only now remains for me to state that, in this stage, the application of *heat* is of the utmost importance, and that it should be aided by the assiduous employment of friction, not only to the extremities, but also to the trunk itself, and particularly along the course of the spine, in which region some stimulant embrocation may be advantageously superadded.

Of the saline injection I refrain from speaking, as I have had no personal opportunity of witnessing its effects. It, however, seems to be well supported alike on physiological and pathological principles.*

Third Stage.—This consists simply of reaction consequent on the previous depression of the powers of the system, and, when not vigilantly regarded, is very apt to attain such a degree as to constitute a new disease, which may be looked upon as neither more nor less than common fever with great tendency to cerebral congestion, if not actual inflammation.

To enter upon the treatment, therefore, would be of no use, as the ordinary principles on which fever generally is treated, are amply sufficient as a guide to the least experienced practitioner. Suffice it then to state, that the head must be most jealously watched, and that the first manifestation of derangement of the cerebral organs must be promptly met; in many cases it has been necessary to resort to the topical abstraction of blood, even where the reaction did not present an extreme character. In such cases the first indication may be slight incoherency or somnolency; in some the eye has been extremely sensitive to light. Whenever, then, such symptoms are present, a few leeches to the mastoid processes and a purgative will be beneficial. Should they persist, general blood-letting, blistering the neck, and cold to the shaven scalp, should be resorted to, and a turpentine enema given at intervals of three or four hours.

Another occurrence at this stage of the disease is severe bilious vomiting. When febrile action is slight, and no cerebral symptoms exist, it will generally yield to the effervescing saline draught with a few drops of the tincture of opium; if these means do not counteract it, a full dose of calomel seldom fails in doing so.

In conclusion it may be stated that, although the lavish employment of stimulants tends powerfully to increase the state of reaction, the degree of it will be found in a large majority of cases to correspond rather with the previous depression, even where such means have been most cautiously exhibited. The practical inference to be drawn from this fact is, that where collapse has been extreme the danger to be apprehended in the subsequent stage of reaction is proportionately greater—hence the practitioner cannot be too much on his guard, or too prompt in his application of the means above enumerated.

With my best thanks for the space which you have devoted to this subject,

I have the honor to remain,
Your most obedient servant,
George Fife, M.D.

Sunderland, May 2, 1843.

SACCULATED ANEURYSM,

WITH A NARROW MOUTH, PROJECTING FROM THE ARCH OF THE AORTA, AND PRODUCING A MURMUR OF REFLUX; WITH CLINICAL REMARKS.

By Professor Henderson.

Mrs. Cameron, aged fifty, was admitted into the Edinburgh Infirmary on the 28th of August, 1840. Is the mother of eight children. It appeared that she had enjoyed good general health till sixteen months before her admission; from, and ever since that period, she had been affected with the ailments for which she entered the house, and which she ascribed to the sudden communication made to her of the death of two of her sons. She stated that, on receiving that intelligence, she fell into violent hysterical fits, and continued afterwards in a state of almost uninterrupted unconsciousness for about three weeks, and that, on her recovery from that state, she was for the first time sensible of an unusual pulsation at the upper part of the left side of her chest in front, which she described as having gradually ascended as high as the clavicle; it was only after it had been noticed to have attained the latter situation that she became sensible of any considerable pain in the seat of the pulsation, and suffered from difficulty in breathing. Active exertion, and more especially the exertion of ascending a stair, produced, after that event, so much difficulty in breathing that she often felt in danger of suffocation. It is further related in the report made at the time of her admission, that the pain under the left clavicle had become much aggravated within a short time previously, and had been apt to recur in violent paroxysms, on which occasions it darted acutely towards the left shoulder, and prevented free inspiration. It was observed that the superior part of the left side of the chest, in front, was a little more prominent than the corresponding part of the opposite side, and that the left clavicle was somewhat elevated and pushed forwards, and that it rose and fell in correspondence with the systole and diastole of the heart.

She did not come under my care till the following year, and on the 14th of June, 1841, the state in which I found her is described in these words:—The left clavicle projects considerably at its sternal extremity, and a nearly equal degree of prominence is presented by the contiguous portion of the sternum. The rounded margin of a pulsating tumor is felt at the inner edge of the right sterno-mastoid muscle, having its highest point an inch above the sternum; a powerful impulse is felt by the hand all over a space extending from the right side of the upper fourth of the sternum and towards the left, nearly as far as the axilla, and from above the clavicle down to the space between the second and third ribs; the percussion sound is dull over a space included nearly within the same limits; there are two murmurs on the area thus defined, particularly and remarkably loud, and superficial on the second left cartilage; the second of these sounds is the more prolonged, and it is of a whizzing character; below the level of the second rib this second murmur decreases in intensity, and on the space corresponding to the ventricles, or on the fourth and fifth left cartilages, it is supplanted by the second sound of the heart, clear, loud, and pure, or destitute of the character of a murmur; the first sound, as heard over the heart, is still roughish, though much less so than higher up. On extending the examination away from the seat of the impulse on either side, the intensity of the murmurs also decreases, and towards the scapular half of the right clavicle the second murmur is feeble, and heard above, or louder than it, there can, at that place, be distinguished the clear second sound of the heart; posteriorly, the murmurs are not audible, but the clear pure second sound of the heart is very distinctly heard even on the right side of this aspect, and with remarkable intensity at its upper part; her pulse is 74 and regular, and there is no increased length of the interval between the impulse of the heart and the diastole of the radial artery; the impulse of the heart is moderate; she has had some difficulty in swallowing for some time past; and her voice is deep and whispering.

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* From the extreme character of the cases treated by the saline injection, a fair estimate of its actual value can hardly be formed.—G. F.

She soon after left the house, and returned on the 13th of September, suffering under symptoms of a dysenteric attack, which proved fatal on the 23rd. The signs, as above detailed, were unchanged.

Dissection.—Body emaciated. On removing the sternum the base of the heart is seen to be lower than usual, and the organ lies more transversely than ordinary. The aorta is lengthened between the heart and the origin of the innominata, measuring five inches between these points; it is also much dilated, measuring two inches above its origin, six inches in circumference; its inner surface, chiefly externally to the lining membrane, is covered with calcareous and steatomatous patches. In front of the left subclavian artery there is a circular opening leading into an aneurysmal sac; the diameter of the opening is one inch and three-eighths, and its margins are smooth and polished. The walls of the sac do not spring immediately from the edges of the opening, but between the latter and the points at which the walls of the sac rise from the vessel, a thin firm rim, nearly half an inch broad, projects. The sac has a globular figure, and, from one side of the opening to the other over the summit of the aneurysm, it measures eight inches. Its inner surface is lined by a layer of firm fibrine, and its cavity is filled by a soft and partially decolorised coagulum. The left vagus nerve is firmly attached to the anterior surface of the tumor, and considerably flattened. The left recurrent nerve is similarly affected. The walls of the left ventricle are very little thickened. The aorta and pulmonic semilunar valves are healthy, and quite adequate to their function; and the other valves and the chambers of the heart present nothing unusual. Both lungs are somewhat emphysematous. Traces of recent inflammation exist in the colon.

Long before the death of the patient I predicted that the aneurysm would be found to possess the figure which has been described, that it would be found to have a communication with the aorta, of small size compared with the area of the sac, and that the valves of the aorta would be found sufficiently healthy to prevent regurgitation of blood into the ventricle. It was on the clearness with which the latter circumstance was pointed out by certain of the phenomena observed during life, that the opinion was founded, that the second of the two murmurs which occurred was owing to reflux of blood from the aneurysmal sac. You will have remarked in the account of the case, that it is said that in certain situations, more or less remote from the aneurysm, a singularly clear, loud, and pure second sound was audible, which was evidently that of the heart. Now it is certain that if the valves of the aorta had not been competent to prevent regurgitation of blood into the ventricle, instead of a pure second sound on the ventricles, there would have been a murmur, and in that event it would have been as impossible, by the study of the sounds at least, to have determined whether the second murmur was produced at the opening of the aneurysm, or at the mouth of the aorta alone, as it was certain, in the actual state of the second sound created at the latter situation, that the second murmur heard on and around the pulsating prominence really proceeded from the aneurysm. You will doubtless conceive, that in such cases as may happen to present both an aneurysm and an incompetency of the aortic valves, it will be impossible to ascertain whether the second murmur, that would of course exist, derives its origin from the condition of the valves alone, or both from that and from the coexisting aneurysm; but, while this must be granted, it is not an unimportant fact, that we can sometimes clearly ascertain when an aneurysm has a narrow communication with the aorta. This fact is not merely curious; it is of practical value. Let us suppose an aneurysm of the innominata to be the subject of examination, and that a second murmur can be heard over the tumor, it would become a highly important matter to determine whether this murmur was or was not independent of an incompetent state of the aortic valves. In the latter case, the question of ligature of the vessels on the distal side of the aneurysm (an operation which has been successful) could not be for a moment entertained; while, in the former, not only might the question be justly entertained, but the very fact of there existing a second murmur, clearly traceable to the aneurysm, would form a new argument for the propriety of the operation, because it would prove that the aneurysm had a narrow communication with the aorta, and was, therefore, in a condition favorable to the formation of coagula preparatory and essential to its obliteration. It has been the general custom to consider a second murmur, when audible on an aneurysmal swelling, as transmitted from the mouth of the aorta, and, therefore, whenever such a phenomenon occurred in an aneurysm of the innominata, or other large vessel arising from the arch of the aorta, the case would be considered improper for operation, but, from the facts which I have laid before you, you will perceive that cases may occur in which such a phenomenon may be determined as a symptom offering no little encouragement to the procedure which it has been conceived hitherto entirely to preclude. It may perhaps be supposed that, while these statements are undeniably true, the ability to determine in a case of aneurysm, when the aortic valves are competent and when they are not, is to be attained with so much difficulty, and only after so much experience and laborious study of this class of diseases, that few can hope to be qualified to give a trustworthy opinion on any case of aneurysm, in which the second murmur exists, of the actual source of the murmur. That this is quite a mistake I shall prove to you by what I have next to say, of a peculiar condition of the arterial pulse, which can be recognised without, I may say, any previous experience, and which will always tell you what, at least, will prevent you from suggesting an operation of the kind to which I have adverted in a case in which the issue could not be but unfavorable, owing to incompetency of the aortic valves. The condition of the pulse to which I allude I pointed out six years ago as a sign of regurgitation through the aortic valves; and it is singular that, excepting among the physicians of this city, so obvious and valuable a phenomenon seems still to be overlooked, or briefly referred to, at the most, as having been noticed by me, which, indeed, is the full amount of Dr. Williams's allusion to the subject, in a foot-note contained in the last edition of his work, the only publication in this country which alludes to it at all. The sign to which I now advert is a more or less remarkable increase of the interval which occurs between the beat of the heart and the diastole of a remote artery, the radial for instance. In the healthy state of the organs of circulation there is an extremely brief, but still a perceptible, interval between these occurrences, or rather a degree of sequence admitting of the radial pulse being distinguised as posterior in point of time to the pulsation of the heart. When the aortic valves are insufficient to prevent regurgitation into the left ventricle, the large arteries pour so much of their contents back into the ventricle, that the next wave of blood from the latter finds them flaccid, and, in consequence of this, the impetus it communicates to the blood in the whole arterial tree cannot be so speedily transmitted as when the arteries are kept in a distended condition, and, therefore, the pulse of the arteries occurs with a more than usual amount of succession, or interval, great in proportion to the distance of the vessel examined from the heart. In many instances the interval is so much prolonged that the heart and the radial artery seem to beat with a distinct alternation, and often a very decided interval may be also distinguished between the pulsations of the latter vessel and of the large arteries near the heart, such as the carotids. A very extensive examination of cases enables me to affirm that the sign in question is worthy of perfect reliance as an indication of incompetency of the aortic valves, and some of you have often seen me point out from this sign alone, without having previously ascertained the other signs of incompetency in these valves, the existence of that state of them. The importance of this sign is the greater, that confidence cannot be reposed in the visible or leaping pulsation of the arteries assigned, first by Dr. Corrigan, as a symptom of incompetency of the aortic valves; for it is liable to occur, as I have repeatedly noticed, in cases of mere eccentric hypertrophy of the left ventricle, and it may not be present, in a very considerable degree, in cases of incompetency. I have, however, to caution you as to one particular, in reference to the former state of the pulse—namely, that it cannot always be distinguished when the circulation is considerably accelerated. Another circumstance which renders the recognition of the prolonged interval between the pulsations of the heart and of the remoter arteries of consequence, in detecting incompetency of the valves, is, that sometimes, on examining parts of the chest at a distance from the heart, the murmur of regurgitation, which, with very rare exceptions, is audible in the region of the heart and its vicinity, when the aortic valves are incompetent, is lost, and instead of it a considerably augmented intensity of the pure second sound of the heart is alone to be heard.—*Edin. and Lon. Monthly Journal.*

PROVINCIAL MEDICAL JOURNAL

SATURDAY, MAY 13, 1843.

The medical, compared with the other professions, has long had to confess its inferiority in the provisions made for the welfare of its students during the period of their education. In vain have the guardians of medical pupils endeavoured to provide for them that tutelary care which is extended to the clerical and legal students—in vain have parents sought for some establishment which might enable them to obey the counsel of the poet—

> "Nil dictu fœdum, visuque hæc limina tangat
> Intra quæ puer est. Procul hinc, procul inde puellæ
> Lenonum, et cantus pernoctantis parasiti."

None such has been found. The baneful effects of this deficiency need but little illustration. Mark the too frequent course of the medical student; he has probably spent the first few years of his career in the seclusion and quietude of a country village, or has, at least, never passed from beneath the protecting influence of parental care; he is suddenly sent to complete his studies amid the profligacies and vices of the metropolis or a large provincial town; there he is at liberty—allured by extraneous attractions, urged on by ill-selected associates, and tempted by the delusive hope that the assistance of his "grinder" may hereafter enable him to redeem his misspent time, he plunges deeply into every form of dissipation; the lecture-room and the hospital are exchanged for the theatre and the tavern, and the period allotted for the acquisition of knowledge is devoted to the acquirement of vice, and thus has the name of "medical student" passed almost into a by-word employed to designate the embodying of every species of folly and immorality.

Moral education should be inseparable from that of the profession; and as in after-life every act of the latter affords full scope for the exercise of the former, so should the same efforts be made to secure to the student of medicine opportunities for acquiring both. To ensure the attainment of this great and important object no sufficient means have yet been carried out; projects have been advanced, but their fulfilment has not followed, and the medical student has been left to supply the deficiency as his opportunities or his inclination might best serve him. The only means capable of affording to the medical pupil the same advantages enjoyed by the younger members of the other professions, consists in the uniform adoption of a collegiate system of education, and it is with much pleasure that we have observed the powerful and well-directed efforts which have been recently made by the friends of the Royal Birmingham School of Medicine and Surgery to form in connection with their school an establishment of this kind, in which the medical student may enjoy all and perhaps greater advantages than fall to the share of those receiving their education in our universities.

We cannot better illustrate this part of our subject than by referring to the address of the Rev. Vaughan Thomas, one of the most able as well as most zealous supporters of the collegiate system.

"In all the great schools of medicine and surgery, both metropolitan and provincial, suitable and sufficient provision ought to be made, by means of collegiate institutions, for the encouragement of virtue and repression of vice; for the formation of what is right, and good, and Christian in principle; for the adoption of what is just, holy, and honorable in conduct and conversation, as well as for the success of study and the attainment of professional knowledge. Medical education still wants that proper intermixture of secular with sacred studies, of scholastic with religious duties, which are necessary to give full effect to the lectures of the teacher, and bless the student's diligence with success. Such objects as these can be secured by no other means than by the economy of a collegiate institution; by fixedness of abode under a common roof; by the establishment of a home and a household, under the care of one who to the office of principal or warden shall unite the watchfulness of the master of a family, the ministry of a pastor, the guardianship of a parent, and the character of a friend. For giving regularity to the student's habits of life in that most important particular of keeping good hours, suitable provision should be made for closing the college gates at a certain time, after which the entrances of all should be made matters of observation and report; the personal comfort and respectability of the student should be consulted, as well as the saving of his purse, by the appointment of a common kitchen, common hall, and common attendance, as at the universities and the inns of court."

It is scarcely necessary for us to allude to the great amount of good which the establishment of the collegiate system in all large medical schools would effect; we regard the present as an era in medical education, and we heartily congratulate the authorities of the Birmingham School of Medicine that they have been the first to commence a work which has for its completion an object so important and so much desired. To Guy's Hospital, we believe, belongs the merit of having first proposed the formation of a collegiate establishment, but to the Birmingham School belongs the honor of having first began the undertaking;[*] at the former institution the project has, for a time, been abandoned, not from any want of confidence in its beneficial results, but solely from certain legal difficulties connected with its establishment.

Most sincerely do we hope that the time is not far distant when every metropolitan and provincial school of medicine shall provide for its pupils the tutelary charge alone to be afforded by the collegiate system, and which may compensate them for the loss of the guardianship under which they had been previously placed. Institutions based on principles such as those to which we have adverted must confer, not only upon the medical student but also upon the whole profession, incalculable advantages, serving to render medical education more extended, and adding to the acquirements of the medical practitioner those of the scholar and the gentleman. In the valuable advocacy and ample support which the Birmingham School of Medicine has already received we see the best and surest indications that its project will quickly be carried out, and thus furnish an example which we trust soon to see followed by every other medical school in the kingdom.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

April 25, 1843.

The PRESIDENT in the Chair.

Cases of Strangulated Hernia reduced en masse, *with Observations*. By J. LUKE, Esq., Surgeon to the London and St. Luke's Hospitals, and Lecturer on Surgery. [Communicated by Sir B. C. BRODIE, Bart.]

In this paper the object of the author is to show that the reduction of a strangulated hernia *en masse*, although rare, is not so infrequent as is generally supposed; and that the occurrence should be considered as coming within the ordinary range of probabilities of surgical practice. He had seen five cases of this description, two of which had been subject to his own treatment. In these, the hernial tumor had been reduced entirely, through the parietes, into the abdominal cavity, with the contents strangulated; and as no swelling was perceptible, while the usual symptoms of strangulation continued, the diagnosis was rendered extremely obscure. The author gives the details of the two cases which occurred in his own practice, and describes minutely the steps of the operation which he performed in each. In one case, owing to the deceptive nature of the symptoms, and absence of external tumor, the operation was deferred too long, and the patient died. On examination, the hernial sac was found to occupy a considerable space just within the abdominal parieties, in the vicinity of the internal ring; the fundus lay a little below its level, towards the cavity of the pelvis; while the neck, still contracted, so as obviously to have been the original seat of stricture, was between three and four inches distant from the situation of the ring, and lay in an upward direction towards the umbilicus. The whole sphacelated contents were empty, collapsed, and in a pulpy state. In the second case, the result of the operation was successful. In describing its stages, the author mentions that before the hernial sac could be reached it was necessary to lay open the inguinal canal by dividing the tendon of the external oblique muscle. Near the external ring the spermatic cord was seen lying bare, or only covered with a little fat. It was only when the finger was passed through the internal ring (the firm borders of which were distinctly perceptible), and pressed a little more deeply within the abdomen, that a round tense tumor could be felt, which was found to be the hernial sac. The internal ring was cut through, and this allowed the sac to be drawn downwards; when it was opened, the stricture divided, and the bowel returned into the abdomen. The author concludes his paper by adding observations on the propriety, in doubtful cases of strangulated hernia, of performing an exploring operation to ascertain the exact nature of the case. He points out, at considerable length, the various conditions of the parts in the inguinal canal, from which, when taken along with the history of the case, the surgeon may judge whether the hernial sac, with the bowel strangulated within it, has been forced into the abdominal cavity, and expresses his opinion that such an operation will not involve the patient in much additional danger.

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[*] The following resolution was unanimously carried at a late meeting:—

"That regard being had to the number of students attending the Royal School of Medicine and Surgery at Birmingham, and to the probability of an increase in their number, upon the contemplated change in the present system of domestic apprenticeship, and, lastly, to the wants of suitable accommodation and tutelary care which so extensively prevail—

"Resolved, That some provision be made *forthwith* for the supply of wants so pressing, and the remedy of evils so manifest, by the establishment of the collegiate system."

MANCHESTER EYE HOSPITAL.

[*Practice of Mr. Walker.*]

CATARACT—EXTRACTION FROM BOTH EYES.

Thomas Ourid, aged sixty, was admitted a patient of the hospital, November 8, 1842, on account of the defective condition of his sight. He stated that both eyes began to fail, in a slight degree, six or seven years ago, but more especially within the last eighteen months, from which latter period they have continued to get gradually worse. At the time of admission he was unable to read or to follow his employment—that of a smith. His occupation had exposed him much to the action of large fires. When he looked at any object he could imperfectly discern it, but could not distinguish colors. At a few yards' distance every object was obscured by an apparently dense atmosphere of smoke. On looking at the flame of a candle it appeared as a circle of light, of a blueish color, with a light red tinge around the edge, the diameter appearing to be about eight inches. If he looked at the full moon, there was an appearance, of seven or eight different moons, without any change of color. The sun presented a similar appearance as did other luminous bodies. He usually observed his vision to be more distinct in a dull light, as the twilight. He had never felt pain, or had any inflammation of the eyes, or any headache, but had occasionally experienced slight vertigo. His general health was very good; he was rather corpulent in appearance, but very temperate in his habits, and of a pacific disposition.

The eyes presented a generally healthy aspect, but the arcus senilis was observed around the margin of the cornea, particularly at its upper portion; the anterior chamber tolerably spacious; the iris healthy, and of a blue color, and the pupil very active. The crystalline lens was of a dark amber color, the centre more especially opaque, the outer laminæ retaining a certain amount of transparency, and the capsule perfectly transparent. There was no perceptible difference observable in either eye.

A solution of extract of belladonna, as a collyrium, and a mild purgative pill were prescribed, and, as he could manage to find his way about, he was advised to wait for some little time, and attend occasionally for examination.

Jan. 10, 1843. Nothing particular had occurred until this date, when the right eye was found to be suffering under a slight attack of iritis, which the patient attributed to exposure to wet. The pupil was much contracted, and of a cloudy appearance, the surface of the iris rather dim and discolored, and there was some congestion of the sclerotic vessels; vision was also much worse in this eye. A blister was ordered to be applied to the right temple, and to be kept discharging with the cantharides ointment; ten grains of blue pill to be taken night and morning; and the continued use of the solution of extract of belladonna to the eye.

24. The right eye had now returned to the condition it was in previous to the attack of iritis, vision not being materially worse than before.

March 24. He had experienced no irritation in either eye since last report, but the vision of both was found to be considerably diminished. He was very desirous that something should now be done with a view to the improvement of sight; it was accordingly determined to admit him as an in-patient, and to perform the necessary operation.

April 1. He was admitted into the house on the 28th ultimo, since when he had been cupped at the nape of the neck, had taken several doses of purgative medicine, and restricted to a spare diet. Some extract of belladonna had been applied to the eyes, and the pupils were consequently well dilated. Having been removed to the operating room, he was placed on a sofa with the head somewhat elevated. The operator sat at the head of the patient, so as to command the upper eyelids, the operation determined on being that of extraction through the upper margin of the cornea. The left eye was the first selected, the double-edged cataract-knife being passed rapidly through the anterior chamber, and made to cut out directly upwards, so as to make an opening just round the superior border of the cornea. No sooner was the incision completed, which was instantaneously effected, than the opaque crystalline escaped, and that without any pressure or any attempt to puncture the capsule having been made. A rather free discharge of vitreous humor accompanied the escape of the cataract. Strips of adhesive plaster were therefore applied to the eyelids before proceeding to the operation on the other eye. The same operation was then performed on the right eye with precisely the same result, the lens immediately following the knife, and there being a still freer discharge of vitreous humor. Plaster strips were then applied to the eyelids. A draught, containing forty drops of laudanum, was given immediately, and another with thirty drops ordered to be repeated at bed time. He was afterwards carefully removed to bed.

2. Had slept well during the night, not having experienced much pain. The external appearance of the eyes was favorable, and the dressings were therefore not removed. The anodyne ordered to be repeated at bed-time.

3. The plasters were this morning removed, the conjunctiva of both eyes was very vascular, but the cornea perfectly clean; the patient had a very vivid perception of light and not much pain, but the eyes were very watery. Repeat the draughts at night.

4. Much the same as yesterday, and could distinguish surrounding objects with both eyes. Plaster dressing to be continued, and to take a purgative pill to-night.

7. Going on favorably; complained of some irritation on exposure to light, but of very little pain; the conjunctiva continued very vascular, but the cornea was perfectly transparent in each eye. The plasters were ordered to be discontinued, and, instead, to apply a thin fold of linen, dipped in warm water, to the surface of the palpebræ; a purgative pill to be taken occasionally.

13. Considerable irritation was still experienced in both eyes, the conjunctiva continuing very vascular, but the cornea quite clear. On closely examining the eyes, the wound of the cornea of the left appeared quite smooth and completely cicatrised, whilst that of the right was somewhat irregular and appeared to be healing by granulation. Vision was improving, and he could bear exposure to light rather better; his general health was not much impaired, and the bowels had been kept free. A blister was ordered to the nape of the neck, to be kept open for a few days, and the warm water bath to be used frequently to the eyes.

22. The vascularity was now materially diminished; the lachrymation, intolerance of light, and other symptoms of irritation abated; vision improved; and, on the whole, the patient considered to be going on exceedingly well.

May 2. The eyes had now so far recovered from the effects of the operation that it was not deemed necessary to detain him any longer in the house; he accordingly returned home, having regained excellent vision, and being able, with optical aid, to read with facility.

The details here given clearly prove that the expulsion of the lens immediately after the completion of the incision, even when followed by a rather copious discharge of vitreous humor, is not necessarily followed by any unpleasant result, since nothing could be more favorable than the progress and termination of this case.

OBSERVATIONS

ON THE MICROSCOPIC CHARACTERS AND MANNER OF DEVELOPMENT OF THE BLOOD CORPUSCLES.

By Dr. Martin Barry.

Dr. Martin Barry, in a paper read before the Royal Society, has thus described the development of the blood corpuscle :—"I. The mammiferous blood corpuscle, like one of the cells of the ovum, is at first a disc, or what is now called a 'cytoblast'—*i. e.*, a cell-germ. It is now a flattened vesicle or cell; like other cells or cytoblasts, however, it may and does become a cell, but then it is no longer flat. In the blood disc you see a central, colorless, concave portion, around which lies the red coloring matter.

2. As usually met with the blood disc is *round*, with the exception of the two or three instances, in which, from the observations of Mandl in France, and Gulliver in this country, it has been discovered to be *elliptical*. I have since found that even in mammals, where the blood disc is usually met with round, *its original form is elliptical*. I have seen this to be the original form of the blood disc in man.

3. The discs first become round, continuing flat; subsequently, they pass into an orange shape; and, lastly, become globules. They also very much increase in size.

4. Along with these alterations in the form and size of the blood discs, there takes place another change; instead of a mere concavity, there is now seen a colorless, pellucid, semifluid substance, which, as the corpuscle becomes orange-shaped, is found to be, not in the centre, but *on one side*. It is the nucleus of the corpuscle, the corpuscle itself having become a cell. This pellucid substance, or nucleus, divides into and gives off globules. Each globule, appropriating to itself new matter, becomes a disc; and each disc, undergoing changes like the first, gives origin to other discs, a group of which constitutes the colorless corpuscle of the blood, for with the changes now mentioned the red coloring matter is consumed.

Thus, as the red pass into the colorless corpuscles, there must exist all intermediate stages; between them no line of distinction can be drawn.[*]

5. The corpuscles of the blood are propagated by means of parent cells—a parent cell has its origin in a colorless corpuscle, this colorless corpuscle being an altered disc. As the parent cell is forming, the new discs within it gradually become red, and are at

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[*] "The colorless corpuscles in other vertebrata, for instance, the batrachians, being much smaller than their red corpuscles, cannot be these red corpuscles in an altered state, nor is any such change to be expected here. The red corpuscles usually seen circulating in these animals are not, as in mammalia, *discs, but nucleated cells*. Some of these nucleated cells, however, give origin to discs, having very much the same form, size, and general appearance as the blood discs of the mammalia. In the frog I saw such *discs* passing into the state of colorless globules, which, acted on by acetic acid, presented just the same appearance as the colorless corpuscles of the human subject."

length liberated to give origin in like manner to new discs, or to be appropriated in some other way.

6. From observation 4 it will be seen that the disc, or so called cytoblast, is originally a pellucid globule, which globules, therefore, is the true cell-germ.

7. Sometimes the quantity of the pellucid substance in the blood cell is very much increased. This takes place at the expense of the red coloring matter which surrounds it. The blood corpuscles, now cells, I have seen in various parts collected until the capillaries were completely *filled* with them, and until they had become pressed together into many-sided objects.

8. The originally colorless substance derived from the nuclei of the blood cells and nearly filling the capillaries, as I have found it, appears to constitute the essential part of coagulable lymph to organise the same, and to give origin to the tissues, &c. It seems to be this same colorless substance derived from the nuclei of the blood cells that forms the exudation, corpuscles of authors, the fibres of false membrane, and the filaments in coagulating blood—filaments which, as I have shown, here and there arise while this substance is still within the cells.—*Phil. Mag.*

REGISTRATION OF DEATHS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I shall feel much obliged if you will inform the readers of the Provincial Medical Journal that the Registrar-General has recently given the following directions to the registrars of deaths :—

"When the information given to you by the medical attendants upon deceased persons, respecting the 'cause of death,' contains also a statement of the *duration of the fatal diseases*, or is accompanied by the memorandum '(*p. mort*)' denoting that the nature of the causes of death had been ascertained or verified by a *post-mortem* examination, you will not fail to enter these statements in the column of the register, headed "cause of death.""

It is desirable on many accounts that the laws respecting the duration of diseases should be ascertained, and this will afford the medical profession an opportunity of entering on permanent records a sufficient number of observations for determining those laws as well as the laws of mortality.

With regard to the registration of the "causes of death," it has been found the most convenient and satisfactory course for the medical attendant to leave a written certificate with the friends of the deceased person, to be placed in the hands of the registrar.

The registrar is directed to ask the informant whether any written statement of the cause of death has been left by the medical attendant; but the relatives, from the natural distraction of grief, or ignorance of its scientific importance, are apt to forget the medical certificate, unless the medical attendant take the trouble to state that it will be required, and place it in their hands.

If the medical profession needed any stimulus to induce them to contribute to the promotion of medical science, or to the discovery and consequent removal of the causes of untimely death, it will be found in the following considerations, to which the Registrar-General has adverted in his last report :—

"I hope that the members of the medical profession, who have hitherto given their aid, will cordially assist in carrying out this national registration of the causes of death, as they alone are able to give a correct statement of the nature of the fatal diseases; and to them, more than to the members of any other profession, must be apparent the vast importance of thus collecting accurate materials for advancing the science of vital statistics."

Copies of the "Statistical Nosology, with notes and observations for the use of those who return the causes of death," may be procured by any medical practitioner, upon application (verbal or written) at the General Register-office.

I have the honor to be, Gentlemen,
Your obedient servant,
William Farr.

General Register-office, May 6, 1843.

PROPOSED PLAN FOR REGISTRATION OF DEATHS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I beg to forward to you the following correspondence with the Registrar-General upon the subject of registration of deaths.

My object in requesting a place in your Journal for these letters is, that of calling the attention of my professional brethren throughout the kingdom to the great importance of adopting one or other of the proposed plans, so as to ensure a correct return in every instance of the actual cause of death.

The plan mentioned by the Registrar-General would be all-sufficient, *if it could be relied upon*, which it cannot. At all events it is quite clear that the returns, as at present made, are of trifling value compared with that which would be attached to them were the sources of information derived from the right quarter; and I hope you will join with me in calling upon my professional brethren to assist in this great national undertaking.

I am, Gentlemen,
Your obedient servant,
C. R. Bree.

Stowmarket, May 9, 1843.

(*Copy.*)

Stowmarket, May 6, 1843.

Sir,—In your fourth Annual Report I find an article upon Statistical Nosology, in which a list of various names of diseases returned to you as the causes of death is inserted. This article, published in a separate form, has been kindly sent me by the deputy registrar of this town, and I presume has been done to other medical men, under the impression that these terms have been returned by them as the cause of death. For the honor of the medical profession I have no hesitation in stating that such returns were never made by its members. You will not, I am sure, Sir, consider this a bold assertion, when I state that I have very rarely indeed been applied to, to supply the registrar with the cause of death. In the district which I attend as medical officer of the Stow union, I cannot remember being asked for such information in a single instance, and in the others not half a dozen times since the act has been in operation. The effect of this is obvious. The deputy registrar is generally ignorant of medical terms, and inserts as the cause of death in his return any name, however absurd, which the friends of the deceased or his own imagination supply him with. Hence we have such returns as the following, which it is obvious would not have been returned by educated medical men:—"bad mouth," "bile on the stomach," "black cramp," "bowel hives," "chance medley," "crick," "croak," "decay of blood," "flox," "frog," "frox," "glands," "hives," "morbosity," "navel string," "paroxysm," "planet stroke," "rising of the heart," "rising of the lights," "thrift," "water," "water complaint," "watery gripes," &c. &c.

I need not say a word, Sir, I am sure, to convince you that such a parody upon our nosology was never made by members of the medical profession. If, then, the error is obvious here, how much more likely is it to have extended to the diseases whose fatal frequency makes the popular appellation correct, although their application is as frequently the reverse? How often do we hear the words "consumption," "decline," "the fever," or "the evil," applied to diseases which belong not to our nosology. Nine poor people out of ten in this neighbourhood will give you one of the above, or else "an inflammation," as the cause of almost every death which occurs. I have been induced, Sir, to make these observations, because I feel the immense importance of the subject you have taken up with such praiseworthy zeal, and because I think I can suggest a simple remedy to obviate the difficulty, and ensure a more correct return in future. Permit me to state, Sir, that I am quite certain the medical profession will unanimously come forward and assist you in the great national undertaking of obtaining correct data upon which tabular views of the causes of death can be framed. The remedy which I would propose is that of making every medical man in the kingdom registrars of mortality. This can easily be done by issuing blank forms, similar to the one enclosed, to the registrar of every district, with directions to supply copies to the medical men, with a request that they might be filled up every month, quarter, or half-year, and delivered to him duly signed. I am quite sure that a majority of the profession would do this without any fee or greater reward than the consciousness of aiding an *increasingly* important branch of medical statistics.

I have the honor to remain, Sir,
Your obedient servant,
C. R. Bree.

The Registrar-General.

ANSWER FROM THE REGISTRAR-GENERAL.

(*Copy.*)

Sir,—I have to return you my best thanks for the suggestion which you have been so obliging as to make in your letter of the 6th instant.

What I wish to impress upon the medical gentlemen throughout the country is, the expediency for them to acquire the habit, even when unsolicited, of leaving with the friends of the deceased patient a brief statement of the cause of death, to be by them given to the registrar.

This is alluded to in a letter lately published in some of the medical journals, addressed to them by Mr. Farr; and it will always afford me pleasure to see that system recommended in the public journals for adoption generally by the medical profession.

I have the honor to be, Sir,
Your faithful servant,
George Graham,
Registrar-General.

C. R. Bree, Esq.

Table of Mortality in the Practice[*] *of Mr. A. B., or Dr. A. B., residing at ——, in the County of ——, from* 184 *to* 184 .

No.	Name in full.	Age.	Occupation	Residence.	Nature of Patient's Locality.	Name of Disease.	Duration of Illness.	Date.	General Remarks.
					[State here whether in town or country; whether damp or dry, high or low; if surrounded by marshes or stagnant ditches.]	[State whether epidemic or endemic, sporadic, chronic, or acute, if necessary.]			

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[*] Hospital, workhouse, or gaol.

REGISTRATION OF MEDICAL PRACTITIONERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Your strictures on foreign medical degrees, in your leader of the 6th instant, induces me to offer a few remarks, under the hope of pointing out to the profession a remedy for the evil.

I would suggest that every medical man, legally qualified to practise his profession, should register his name and address, qualifications and titles, with the offices or public appointments he holds, whether as a teacher, physician, or surgeon, to any hospital, dispensary, or school of medicine, &c., together with the universities or corporate bodies whence he has obtained them. Thus, for instance, A. B., M.D. (Oxon., Camb., T. C. D., Edin., Glas., Paris, Goëtt., Heidel., as the case may be), Lec. or Fell. R. C. of Phys. L., M.R.C.S. (L., Edin., or Dub.), F.R.S,, L.S. (&c. &c. &c.), Physician to —— Hospital, Lecturer on Medicine at —— School or Hospital, M. or L. Ap. Comp. L., &c. &c. &c.

This list should be prepared annually, and if the Provincial Medical and Surgical Association were to superintend its publication, and forward to each member a copy at cost price, whilst non-subscribers and the public should be charged a higher sum, a considerable increase in the funds of the association would be our result, whilst the public would have an opportunity of ascertaining "*who are who.*"

The College of Surgeons *require* their members to register, and to furnish the court with their titles and qualifications, but for what purpose this is done remains to be shown; at present it is a sealed book to the profession and to the public.

We have an almanack called *Medical* published annually, but its table of contents is so meagre that it scarcely deserves the appellation it has chosen for itself. The plan I suggest would supply the place of an almanack, by the addition of a calendar; and if all the medical schools of the kingdom were included in its pages, together with such information as might be deemed useful, I have no doubt of the profession and the public generally appreciating the work by a liberal patronage. The clergy have their list, the law have theirs, but we are without. The fault is our own. Let us then register, as I have suggested, and let the public and the profession put a proper interpretation upon those who refuse to do so. A few advertisements would call the attention of the profession to the proposed plan, and, thanks to Rowland Hill, a penny will convey to you the information required.

If closely printed in double columns, with abbreviations, all the names, which should be alphabetically arranged, will be included in a comparatively small volume.

I remain, Gentlemen,
Your obedient servant,
M.R.C.S.L.

London, May 8, 1842.

*** The bill of Sir James Graham will, probably, contain some provision for registration; but if it should not, we shall lend our assistance to promote the plan recommended by our correspondent.—EDS.

BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I take the liberty of calling the attention of my professional brethren to the benevolent fund of our association. The claims upon this fund address themselves more directly to our compassionate feelings, and cannot fail to awaken the sympathy of all who are themselves husbands and parents. A single individual can do but little towards the attainment of the object which the benevolent fund is intended to promote, but the union of numbers can accomplish it. We now muster 1460 strong, and I would propose that from and after next January each member subscribes one pound five shillings, a guinea of which to be appropriated as it now is, and the remaining four shillings to be the property of the benevolent fund.

The burden of this addition to our annual subscription will be scarcely felt by him who pays it, yet how large the fund it will contribute to form, and the timely and in many instances permanent assistance which it will enable the managers of the benevolent society to afford. How consolatory to each of us the reflection, that in case he should be prematurely snatched away, such a fund is laid up in store (which he has assisted to form and to which, therefore, he has a just claim), out of which the means of immediate relief or permanent support may be afforded to his widow or children, in the shape of a seasonable donation, an apprentice fee, or a small annuity. Regulated as it now is, by well-digested laws and a strict superintendence, it affords ample security for the impartial and judicious distribution of its charity; but it will never occupy its proper position until its claims are not only better known, but also recognised by every member of the association.

Trusting that at our next anniversary the plan proposed, or some other equally efficacious, will be adopted by the members,

I remain, Gentlemen,
Your obedient servant,
JOHN LEE.

Market Bosworth, May 8, 1843.

MICROSCOPIC CHARACTERS OF PUS.

The true pus particle strongly refracts light, and, being roughly granular on its surface, often appears colored, unless the achromatism of the object-glass is perfect, and the illumination well arranged. These particles vary in size; on an average, however, it may be stated that they nearly correspond to the blood-disc in diameter. If a drop of acetic acid be mixed with a purulent deposit, and carefully examined after covering it with a thin plate of glass or mica, the compound structure of the pus particle will become obvious. The particles will present the appearance of being broken up or disintegrated, leaving numerous extremely minute transparent bodies of a tolerably regular spherical form, and about one-fourth the size of the original particle. These bodies are probably arranged as symmetric nuclei in the original particle, for certainly at least two or three exist in each before the addition of the acid.

RETROSPECT OF THE MEDICAL SCIENCES.

NOVEL SPECIES OF INTRA-ABDOMINAL HERNIA. BY MM. CARTERON AND LAUSSIER.

A female, forty years of age, had been the subject of femoral hernia on the right side for about twelve years, but continued in the enjoyment of good health, and had borne her husband fifteen children. October 20th, whilst she was at stool, her hernia (habitually kept up by a bandage) protruded; she immediately returned it. Soon afterwards she felt an uneasy sensation of dragging in the right groin, of no severity at first, but increasing rapidly to a great pitch of intensity, and extending to the umbilical region. The pulse was small and compressed, 45—50; the surface rather cold; the expression that of great distress; the abdomen at this time was soft, no tumor could be perceived in any part of it; the hernia was up, and could not be brought down by any effort of coughing that the patient could make. The patient had a bath; the abdomen was covered with an ample cataplasm sprinkled with laudanum, and the nitrate of bismuth was prescribed. The patient soon became sick and vomited. The nature of the disease was extremely obscure. Things went on from bad to worse; the abdomen was found distended and tympanitic next morning, but not excessively painful; no evacuations from the bowels had been obtained. In the course of the day the patient suffered from pains like those of parturition. She died on the 22nd, at five in the morning.

On examining the body, the cause of the distension of the abdomen was discovered to be the effusion into the peritoneum, and also into the intestines, of a quantity of blood or bloody fluid, about a quart in the general cavity, and as much in the bowel. The cause of all the mischief was soon discovered: a noose of small intestine, with its mesentery, was found engaged in a rent of recent formation of a hernial sac. There was no perforation of the bowel; the part engaged was merely compressed, and that not very violently. The hernial sac was situated in the course of the round ligament of the uterus; it extended from the immediate vicinity of the uterus to the crural arch, under which it passed, and where it was fixed by adhesions. It began by an oblique orifice, which would have received the fore-finger, proceeded along the ligament nearly to the internal inguinal ring; there it left the round ligament, and passed under the crural arch, where it terminated in a blind sac that would have held a small egg. At a short distance from its upper orifice, a rent was perceived of larger size than the orifice itself; this rent leads to a funnel-like cavity, a true appendix to the sac, and, in fact, constituting it a double sac. This appendix was free and floating in the abdomen. The walls of both sacs are formed of the perineum, which descends from the ligamentum latum, to invest the ligamentum rotundum. It was in passing from the principal sac into the appendix that the noose of the intestine had become engaged.

M. Velpeau, in some remarks on this case, thinks it likely that there were, in fact, two hernial sacs in the groin originally, and that the second sac or appendix was not the effect of the bowel bursting through the laminæ of the old sac, and forming a second and new sac for itself towards the abdomen. On straining at stool, both herniæ were brought down; one, the larger, was reduced, its sack being attached by adhesion; the other was pushed back also, but along with its sac; it now became incarcerated, and thence ensued all the mischief.—*Annales de la Chirurg. Française, in Edin. and Lon. Journ.*

BLOOD CORPUSCLES OF THE MUSK DEER.

From a recent observation by Mr. Gulliver, it appears that the blood discs of the Stanley musk deer (*Tragulus Stanleyanus, Grey*) are about 1-11000th of an English inch in diameter. They are, therefore, nearly as minute as those of the Napu musk deer (*Tragulus Javanicus*, Raff; *Moschus Javanicus*, Pallas), of which measurements were originally given by Mr. Gulliver in the "Dublin Medical Press," November 27, 1839. A note on the smallest blood corpuscles of mammalia will be found in the Provincial Medical Journal, 1842, vol. ii., p. 444.

GLOSSITIS IN AN INFANT. BY SURGEON KOETTL, WILDON, STYRIA.

An infant, only nine days old, was seized with all the symptoms of inflammation of the tongue; by and by the tongue seemed to occupy the whole cavity of the mouth, and the infant was reduced to extremity; the countenance livid, the eyes glistening and prominent, the breathing extremely difficult and noisy, the skin hot and dry, pulse rapid, &c. Two leeches were first applied to either side of the wind-pipe, but these, along with the appropriate means, had no effect in checking the disease. At length, the mouth being opened in a slight degree, a longitudinal incision was made along the dorsum of the tongue; this was followed by free bleeding and rapid improvement. In the course of two hours the tongue seemed reduced to half its former size. The patient did well.—*Oester. Med. Wochen.*, No. 47, 1842.

ON OILY CANTHARIDINE AS A SUBSTITUTE FOR THE ORDINARY BLISTERING PLASTER.

M. Buchner, senior, obtains this preparation by treating the coarsely-pounded cantharides in a displacement apparatus with weak æther, of 0·776 specific gravity, until the æther passes free from color. The greater portion of this latter is removed from the solution, and the residue exposed to a gentle heat until every trace of æther, alcohol, and water, has disappeared. In this manner 11 per cent. of the cantharides employed is obtained, of a product which is liquid at a temperature of 76° to 86°, but becomes solid at 68°. It has a buttery unctuous consistence, a greenish yellow color, and a very disagreeable odor, which affects the head. Ten to fifteen centigrammes suffice to produce a great blister; it must be applied on taffety or on paper.

The following notice on the above communication is by M. Soubeirm:—The oily cantharidine of M. Buchner differs but slightly from the preparation employed in France, and which is obtained by treating the cantharides with officinal æther. It is an oily substance, which was recommended long since by M. Trousseau as vesicatory; and, in fact, it is very useful when recent, but if preserved the cantharidine separates gradually in the state of crystals, and the blistering property disappears. The following preparation of which I have taken the formula from some German journal, but do not recollect the author's name, is employed to far greater advantage :—

Extract Acetic of Cantharides.

Cantharides in coarse powder . . .	4 parts.
Concentrated acetic acid from wood .	1
Alcohol of 0·849	16

Digest in the water-bath in a temperature of 40° to 50°, collate with pressure, filter, distil, and evaporate at a gentle heat. The product has a buttery consistence. M. Trousseau, who experimented with it, has been extremely well satisfied. It is only necessary to grease a little paper with this extract, and to apply it to the skin, to have in a very short time a blister formed. The consistence of this preparation, and especially the presence of acetic acid, prevent the crystallisation of the cantharidine.—*Chem. Gaz.*

TREATMENT OF VARICOSE VESSELS.

Dr. Watson, of New York, describes a method of applying direct pressure to varices, which he has found successful. He employs a common wax bougie, somewhat larger than the medium size, cut into pieces of an inch or two in length, which are then placed at detached points along the course of the varices, longitudinally when the vein is straight, and transversely when formed into tumors, the whole fixed by means of small adhesive straps. A common roller, laced stocking, or starched bandage, is then applied as tightly as the patient can conveniently bear; the ordinary bandage or stocking is said to be the best for the first few days, and the more permanent application afterwards, as soon as the swelling which usually accompanies the varices has subsided.—*American Journal.*

A NEW KIND OF PESSARY.

A pessary said to possess the following advantages has been described by Mr. Snow in the "Medical Gazettte." "Its capability of being diminished in size during its introduction and removal; its softness, which is such that it can scarcely cause any of the effects of a foreign body; its small weight; the tendency of its elasticity to keep it in its position, for any sudden pressure of the viscera above will be spent in overcoming this elasticity, instead of forcing the instrument through the external parts; and, moreover, such pressure will flatten it and make it wider, and thus render its extrusion the less possible." Mr. S. states that he has frequently employed this form of sponge pessary with much success. The chief advantage probably consists in the oil silk covering preventing the sponge from becoming saturated with the vaginal secretions.

CHLORIDE OF PALLADIUM A TEST FOR IODINE.

Baumann has made some experiments on the comparative sensitiveness of an acid solution of the chloride of palladium and of the usual solution of nitrate of silver, and has found that one drop of the former produces a more voluminous precipitate than several drops of the latter in a solution of the iodide of potassium; and further, that when the solution is diluted 50,000 times, nitrate of silver still causes a white turbidity, and chloride of palladium, after a few minutes, black flakes; the dark color of the precipitate with chloride of palladium renders it more easily perceptible. When diluted 500,000 times neither of the solutions afford any reaction.—*Archiv. der Pharm. and Edin. Monthly Journal.*

TREATMENT OF LEPRA AND PSORIASIS.

M. Emery has introduced naphthaline as a local remedy in the treatment of these two forms of cutaneous disease. Much irritation sometimes follows its use, but which can be very readily removed by emollient applications. The formula recommended by M. Emery, which is said to effect a cure within a few weeks, is the following :—

Naphthaline, one to two drachms;
Lard, one ounce.

—*L'Experience.*

TREATMENT OF NÆVI.

The acetum lithargyri has been found by Dr. Sigmund a most powerful remedy in the treatment of small nævi, its application, when the size did not exceed that of a hazel-nut, causing their shrinking and disappearance. It is employed by means of small compresses dipped in the solution, and renewed twice a-day. Cure is generally effected in four weeks.—*Oester. Med. Wochen.*

INOCULATION IN MEASLES.

During the winter of 1841 M. Von Katona inoculated 1,122 persons with a drop of fluid from a vesicle or with a drop of the tears from a patient laboring under measles. The operation failed in seven per cent., but in all the rest produced the disease in a very mild form, from which not one died. The puncture was generally immediately surrounded by a red areola, which, however, soon disappeared. On the seventh day fever set in, with the usual attendant premonitory symptoms of the disease. On the ninth or tenth day the eruption appeared, desquamation commencing on the fourteenth, and by the seventeenth the patients were generally well.—*Ibid.*

TREATMENT OF DELIRIUM TREMENS.

Dr. Scham places entire reliance on ammonia. The liquor ammoniæ pyro-oleosus, or the liquor ammoniæ succinatus, is the preparation which has generally been prescribed, under the influence of which, in appropriate doses, as the writer says, "the most violent madman, uncontrollable by the united efforts of four men, is brought, in the course of a few hours, from his state of excitement, and restored to rational existence.—*Casper's Wochen., in Edin. and Lond. Monthly Journ.*

TREATMENT OF FISTULA LACHRYMALIS.

M. Gerdy has had recourse to a new operation in this disease—"*rhynotomia lachrymalis.*" He passes a narrow knife, bent like a pruning knife at the point, into the nasal canal, and divides the os unguis from below upwards, along its anterior edge; he then carries the cutting edge of the knife backwards and inwards, so as to divide the same bone from below upwards, nearly along the line of its "posterior" edge; he then holds the parts over large tents, to secure the sufficient separation of the internal wall of the nasal canal, by which the dilatation of the bony and membranous canal is secured. He has occasionally excised the internal paries of the canal detached in this operation, and converted the canal by this means into an open cleft or furrow. But this is a severe procedure, and he has not often recourse to it.—*L'Experience, ib.*

OBITUARY.

By Thomas Mellor, Esq.

On the 21st ultimo, at Manchester, Thomas Fawdington, Esq., in the forty-eighth year of his age.

The loss of this excellent surgeon, and truly upright man, will long be felt by those who enjoyed the privilege of his society and friendship. Possessed of an untiring zeal for the advancement of his profession, whose resources on several occasions he contributed very materially to extend, he was no less distinguished amongst his brother practitioners for the unflinching honor and integrity which ever characterised his intercourse with them and the public at large. He had been engaged in active practice for a period of about twenty years, the greater portion of which was most laboriously devoted to the cultivation of morbid anatomy, regardless alike of the sacrifice of much personal comfort, and large pecuniary expenditure involved therein. A lasting monument of these labors has resulted in the formation of a very extensive museum, rich in almost every variety of diseased structure, but peculiarly valuable with reference to the several morbid changes of which the bones and mucous membranes are the seat. A catalogue of all the specimens has been published, containing, in relation to very many of them, a brief but luminous sketch of the principal symptoms observed during the progress of the several diseases of which the former are the products. The osseous preparations are most beautifully displayed, comprehending a very perfect series, from those which indicate the anatomical structure and nutritive process of healthy bone (all very minutely injected), to the appearances observed after fracture, and the means employed by nature for its reparation. But it is to the pathological specimens that the merit of excellence pre-eminently belongs. In these is comprised almost every variety of morbid change of which the osseous structure is susceptible, and the extremely beautiful and striking manner in which they are severally preserved affords a ready clue to their elucidation. Amongst these I may briefly allude to a preparation of malacosteon of the pelvis, the singularity of which consists in its having occurred at an advanced period of life—viz., seventy-three—the woman from whom it was removed having previously given birth to a numerous family, without any difficulty or delay in the process.

Amidst much that would amply merit a more detailed notice, but for its too great encroachment upon your space, it would be wrong to omit all allusion to the extensive and truly interesting series of preparations illustrative of the healthy and diseased conditions of the mucous membranes. The nature of the changes which these structures undergo in disease was ever a favorite subject of investigation with the late Mr. F.; and I have little hesitation in affirming that, under this head, there does not exist any collection more valuable, either in point of intrinsic excellence, or in the completeness by which every link in the chain of morbid products, as applicable to the above structure, is characterised. To each specimen is appended a succinct history of the symptoms observed during life; and what considerably enhances their value is the circumstance of colored drawings having been made with the utmost fidelity from the parts in a recent state, by which the otherwise evanescent characters of disease are made to stand out in prominent relief.

About seven years ago Mr. F. was elected to the important office of surgeon to the Royal Infirmary, an appointment most congenial to his wishes, and associated with many of the happiest reminiscences of his medical career. For a considerable period prior to this appointment he had filled the chair of anatomical lecturer at the late school of anatomy and medicine in Marsden-street. In this capacity he was very successful in diffusing a large amount of interest over a subject too frequently regarded as destitute of this quality; and by those students whose privilege it was to hear him, his valuable prelections will not readily be forgotten. As a writer, Mr. F. was very favorably known to the professional public. His "Case of Melanosis," illustrated by many accurate and very beautiful drawings, published at a period when the pathology of that singular disease was but imperfectly understood, gained him no inconsiderable celebrity; and I am not aware that up to this time anything very material has been added towards the more complete elucidation of the phenomena of that morbid condition. My deceased friend was likewise the author of a valuable paper on subcutaneous Nævus, in which the method of treatment by the seton was vindicated, and several cases, with drawings, adduced to prove the efficacy of the plan proposed—a mode of cure which, although not originating with the writer of the essay in question, was at least more clearly and definitely brought to bear upon the treatment of this affection than had been accomplished by previous surgeons.

Mr. F. was fortunate enough to enjoy a considerable share of public patronage, an advantage which, although so far indicative of the estimation in which his professional services were held, was mainly prized for the opportunity thereby afforded him of extending the resources of his art, and maintaining that high sense of honor of which his whole medical career was one bright practical exemplification. Few practitioners, probably, have descended to the grave more sincerely lamented both by his numerous patients and his medical brethren, many of whom accompanied his remains to their final resting-place. By his former pupils he was universally esteemed, and the premature loss to them of his valuable counsel and friendship will long cause his memory to be neither "unwept nor unhonored."

MR. MEREDITH AND THE LUDLOW UNION.

We have received several numbers of the "Ten Towns' Messenger" containing a report of an investigation, held by the guardians of the Ludlow Union, relative to the conduct of Mr. Meredith in a case of alleged neglect of a pauper. The newspaper report is so extremely imperfect that we cannot venture to offer any remarks on the case. The charge brought against Mr. Meredith was not supported by a particle of evidence, and that meritorious officer was "fully acquitted of the neglect imputed to him by the Rev. Mr. Walcot"

MEDICAL REFORM.

The following memorial was forwarded, on Saturday last, to Sir James Graham, from the Manchester Council of the Newton Branch of the Provincial Medical and Surgical Association:—

To the Right Hon. Sir James Robert Graham, Bart., Her Majesty's principal Secretary of State for the Home Department.

Sir,—The members of the Manchester Council of the Newton Branch of the Provincial Medical and Surgical Association, understanding, from what occurred in the House of Commons on the 25th of April, that it is your intention shortly to introduce a bill for the better regulation of the medical profession, respectfully, but earnestly, request that a thorough and searching investigation be instituted into its present state, before any changes be made in the constitution of the colleges already existing, or any bill for the general regulation of the profession be introduced.

And your memorialists will ever pray, &c.

(Signed,)

Edward Holme, M.D.; Edmd. Lyon, M.D.; J. Black, M.D.; John Marshall, M.D.; W. Jas. Wilson; James Ainsworth; Thomas Turner; Wm. Goodlad; Joseph Jerdan; John Boutflower; Robert Thorpe.

John Hatton, Hon. Sec.

INDIAN HEMP.

Dr. F. J. Farre has published, in the "Medical Gazette," the following description of the apocynum cannabinum, which is employed by salesmen as a substitute for the cannabis:—

The *apocynum cannabinum* is sold in London under the name of "Indian hemp." It is a native of Canada and Virginia, and has no resemblance to the true hemp, except in possessing a tough fibrous bark, which is applicable to the same purposes in the arts. In the U. S. Pharmacopœia it is termed "Indian hemp." The officinal part is the root, which is powerfully emetic and cathartic; but the part which I have seen supplied as Indian hemp consists of the leaves and the follicles filled with numerous silky seeds. As the follicles are two to three inches long, and the silky seeds are abundant, they can hardly have escaped the notice of those who may have inadvertently used this article under the idea that it was the hemp from India. The true Indian hemp, or "gungat," is our common hemp, and consists of the flowering branches, two or three feet long, nearly destitute of leaves, and having the flowers and fruit (hemp seed) agglutinated together by the resinous secretion. As the most powerful antispasmodic properties have been attributed to this plant, it is important that no false conclusions should be drawn in consequence of the employment of a wrong article. I am not aware that any real Indian hemp is at present in this country, except the supply recently brought by Dr. O'Shaughnessy, and left with Mr. Squire, of Oxford-street. We have, at present, little experience of the medicinal properties of English hemp. A hotter climate, a more intense light, and a different soil, may give to it properties which are scarcely developed in this country; but as the resinous secretion is not wanting here it appears deserving of a careful trial.

PAROCHIAL MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I have just read, in your Journal of last week, a letter on "Parochial Medical Relief," from a gentleman who signs it "A Provincial Surgeon," in which he has thought it right to attribute motives and actions to me which, it would appear, he would be thoroughly ashamed of having attributed to himself, and yet, without knowing anything about the facts of the case, he does not hesitate in declaring I have been guilty of.

I am sure he will forgive my saying, there is not one single word of truth in any one bad or doubtful motive or action he has supposed me to be guilty of, as I do his having hazarded them. If he is desirous of other information on any of the points he has alluded to, he will do me the favor to address me on the subject.

I have the honor to be, Gentlemen,
Your obedient Servant,
G. J. Guthrie.

4, Berekley-street, May 10, 1843.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, May 5, 1843.

A. G. Canton, H. Lang, S. E. R. Jones, F. Sopwith, W. L. Echlin, R. N. Rubidge, J. Blaxland, W. W. Wildey, W. B. Kellock, C. Hall, T. B. Cowherd.

APOTHECARIES' HALL.

Licentiates admitted Thursday, May 11, 1843.

Alfred Ebsworth, William Smith, Walter Haldenby, Alfred Nicholas Jones, Luke Coates Helsop, James Phillips, William Hart, John Wells Wainwright, James Artis Carruthers.

ERRATUM.

The passage at the bottom of p. 113, col. 2, of our last Number should run thus: "We cannot but declare our sincere pleasure at the fact now manifest, that the long dormant spirit of the profession, has at length, roused to action."

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS TO DR. HENNIS GREEN, 58, MARGARET STREET,
CAVENDISH SQUARE, LONDON.

Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by Henry Renshaw at his residence, No. 356, Strand.—Saturday, May 13, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 138.] LONDON, SATURDAY, MAY 20, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES
ON
VENEREAL AFFECTIONS
DELIVERED
AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE II.

March 24, 1843.

Diagnosis—Simple absorption—Examination of syphilitic patients—Examination by speculum.

Gentlemen,—The diagnosis of most diseases is attended with great difficulties; but in no branch of science are those difficulties so great as in general affections, wherein the surgeon has not only to unravel the intricacies which are commonly attached to all subjects of medical inquiry, but also to contend with another series of obstacles; I refer to those which arise from the feeling of shame so natural to all persons affected with syphilis, the reluctance of the surgeon himself to doubt the assertions of persons placed in respectable stations of life, and the dread of discovery which leads most patients to conceal the true origin of their complaint. In all diseases, Gentlemen, theories, no matter how absurd, have found *cases* for their support. And here I shall request you to remark, and never to forget, the immense distance which separates a "fact" from a "case;" the latter is a malleable narration, the offspring of the writer, and obedient, often too obedient, to his wishes.

It is, Gentlemen, to meet some of the difficulties above mentioned that I have determined, upon mature reflection, to dedicate one entire lecture to the most proper mode of investigating a case of syphilis, and to demonstrate to you the degree of confidence which may be placed in the assertions of patients.

But, before I enter upon this subject, I beg distinctly to state my most unqualified respect for those convictions, without which the very existence of constituted societies is at stake. For female virtue—that guardian of the honor of men—I have the deepest admiration; but recollect, Gentlemen, it is not with homilies on chastity that a course of syphilis can be carried on; and although I conceive it to be obligatory on the physician in practice not to destroy those illusions on which, occasionally, the peace of a family may depend, but to palliate the painful truths which might cause the annihilation of individuals, yet I conceive it my duty, in this amphitheatre, to raise the curtain, because science must not be made to consist of the delusions of love-sick youths, but of all the elements of truth which can be collected by manly and searching intellects.

Every day, Gentlemen, persons affected with syphilis deny the possibility of the fact, from their knowledge of the "respectability" of the lady who has honored them with her favors. Let us, therefore, examine what conditions can place a woman above suspicion.

Is it the fact of her being free from the sacred bonds of matrimony? This question I shall answer with an anecdote borrowed from Dupuytren's practice. That great surgeon performed suture on a lady in whom the perineum had been torn during parturition. A couple of years afterwards a friend and patient requested the professor to visit his young wife, with whom the happy bridegroom had been unable to effect complete intercourse. Dupuytren, to his great surprise, recognised in the "too perfect" maid the lady whom he had previously attended, and found he had been himself the involuntary cause of the deluded husband's ill success; the sutures had, in fact, caused the partial obliteration of the genital organs. He remedied the injury, and, of course, was discreet.

In consequence of the brutal and stupid superstition prevalent amongst the lower orders, that connection with a "real maiden" is the only effectual way of removing inconvenient syphilitic symptoms, I have myself seen a little girl, not eighteen months' old, with chancres and buboes.

A man servant called on me not long since, laboring under gonorrhœa. His first statement was, that six months had elapsed since the last sexual intercourse. On being hard pressed with questions, he admitted that, being about to be married (two banns had been already proclaimed), he had considered himself justified in levying a tithe on his future rights. I examined the "blushing bride," and, after much difficulty, she acknowledged that violence had been lately used towards her by another person; but, added she, to a certainty he was not diseased, for if he had, she would positively have resented his rudeness by "raising the house." I need not tell you, Gentlemen, the third bann never was published.

Two physicians, besides myself, attended a young gentleman with constitutional syphilis. He mentioned having had intercourse with two women of suspicious character, whom the medical attendants examined separately, and found healthy. A month elapsed, and I at last discovered the real cause of this gentleman's amorous misfortunes to lie with a *married* lady of unblemished repute and high station, who had sent for me, not in my medical capacity, for she did not imagine herself infected, but to secure my attentions for the young gentleman above mentioned, whose disorderly conduct gave her no small uneasiness.

Who has not heard the famous history of Sidrac, who was presented with chancres in return for his first visit to the connubial bed. "It is true," says Voltaire, "it was a family complaint."

I must say, Gentlemen, it is my conviction, more syphilis has its origin beyond the pale of prostitution than within it. But, even in Paris, what degree of security can public health derive from the medical examination of prostitutes once a week, or of unlicensed women once a fortnight, when we know *three days* to be amply sufficient for a sore to be communicated, and rendered inoculable, when we know from *our own* experience that infected women send to the physician in their stead one who does not fear inspection, and who thus brings home to them a stamped and signed permission to inflict on the unguarded and the imprudent the most horrible disease with which Providence has been pleased to chastise mankind!

The "profession" of syphilitic patients is occasionally brought forward as an unanswerable proof of the spontaneous development of the disease, or at least as sufficient evidence of contamination without the participation of the patient. Now, notwithstanding my profound and sincere respect for religious institutions, I conceive it would be offering an insult to your better judgment, were I to propose to you seriously, as Fallopia does in a satirical mood, in explanation of venereal symptoms observed in a community of nuns, "the promiscuous use of holy water!"

My colleague, Dr. Serres, one of the most learned and distinguished members of the Academy of Sciences, Paris, was called in to attend a young lady who was troubled with hæmorrhoids. These turned out to be *bona fide* "chancres." The Doctor could not credit the evidence of his senses; he held a private conference with the young lady's mother, and, to his utter dismay and confusion, found her infected also, but in a manner more consonant with general custom. Further investigation showed that a *reverend* adviser of this interesting family had extended his attentions to both mother and daughter, and had left after him most painful marks of his kindness.

In the investigation of patients, physicians are often exposed to infection. I will select one out of many well authenticated instances. Our late lamented colleague, Dr. Hourmann, of the Hopital de l'Ourcine, in examining a syphilitic woman, inoculated a chancre on his finger. Secondary and tertiary symptoms were the consequence, and after ten months the disease terminated fatally.

This, however, is far from being the most frequent mode in which professional persons are diseased. A midwife, with a papular and scaly eruption, was lately considered by Dr. Cazenave as an instance of infection by *simple absorption* from the finger; she, of course, encouraged the belief. On being cross-examined by myself, she acknowledged, with tears, that one single, never-since-repeated breach of her marriage articles had been visited on her thus severely, and that she would take good care to be perfectly faithful for the future to her lord and master.

When all these circumstances are reflected upon—when it is recollected that illicit and disgusting practices, too common in highly civilised countries, often produce primary sores of the anus, mouth, &c.—that a sense of shame will compel such patients to conceal the disgraceful truth, unless the avowal be actually wrung from them by the fear of consequences—can it be wondered at if the true origin of many cases of syphilis remains shrouded in doubt?—but is that origin, therefore, to be denied?

A class of females to which we are all, more or less, indebted—nurses—often lay upon their unconscious suckling the blame which more properly rests with older offenders. I have had under my care an infected nurse, who threw the entire onus upon an innocent baby, although she had taken, at the same time, "to nurse," an unlimited number of bold dragoons. A few days since a patient left our wards, cured of constitutional symptoms; his wife had communicated to him an indurated chancre some five months before. Here, again, a child she had nursed three years previously was made the scapegoat, and the poor husband never once reflected he had been living in the dangerous vicinity of a garrisoned town.

In the examination of syphilitic patients, we must not, Gentlemen, lose sight of the diseases previous to the present one—of the period at which the present symptoms may have arrived—nor of the possibility of total disappearance of former accidents. You must not forget that a phymosis may conceal the primary sores, that they may lurk within the folds of the vagina, or even be engrafted on the os uteri itself. This last remark leads us to our concluding observation, that all syphilitic cases in women, where the use of the speculum has been neglected, shall be for us as though they never were recorded.

SECOND REPORT
OF
PRIVATE MEDICAL PRACTICE FOR 1841.

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[*For the Provincial Medical Journal.*]

(Continued from p. 128.)

Special Report.

Rheumatism.—64 *Cases.*

Sex.—32 males; 32 females.

Ages.	
Under 20	2
20 to 30	16
30 — 40	17
40 — 50	9
50 — 60	10
60 — 70	6
70 — 80	4

The sudden frequency and maximum of the disease at the adult period of life is worthy of remark. If we compare these proportions with the general table of ages, the decrease in the later periods is rather apparent than real, the number of individuals diminishing in an equal and even more rapid ratio. The table is also principally applicable to chronic cases.

Occupation.—20 were engaged in employments in the open air; 6 were in-doors; the remainder were principally occupied in household duties.

Anterior Duration.	
Under a week	6
7 to 28 days	16
1 — 3 months	12
3 — 6	10
6 — 12	8
More than a year	12

The preponderance of chronic cases is very evident.

Duration of Treatment.—Of 9 cases registered cured, 8½ days; of 18 cases registered convalescent, 14 days.

Result.—Cured, 10; convalescent, 18; irregular, 35; died, 1.

Season.—	December, January, and February	9
	March, April, and May	12
	June, July, and August	30
	September, October, and November	10

As in the preceding report, the greater frequency of rheumatism in summer is exhibited. Whether this arises principally from meteorological conditions, or from change of habits and greater exposure, is not very easy to determine. Both are, probably, influential.

Part Affected.—	Lumbago	17
	Muscles of the limbs and chest	16
	Joints, large and small	11
	Dura mater	5
	Both muscles and joints	4
	Scalp	3
	Eye	3
	Heart	1
	Spine	1
	Omitted	3

Out of the seventeen cases of lumbago, twelve were females. The other groups were nearly equally divided, or too few for comparative statements.

Treatment.—The hydriodate of potass was given in 52 cases, in average doses of five grains three times a-day. In no instance was either bleeding or leeching prescribed.

The action of iodine in rheumatism is, on the whole, satisfactory; in many cases it may be regarded as heroic, while in others not *a priori* distinguishable, almost negative. After examining the experience of different observers, we are inclined to suspect that we have often erred by the smallness of the dose, and think it probable that the quantity should in some cases be increased to the point of tolerance, the rheumatic element, so to speak, varying in amount and intensity in different individuals. This adjustment of the dose is a very important, and, at the same time, a very difficult practical point in the therapeutical art; and to our ignorance of the requisite variations in quantity may be referred many opposing statements as to the remedial efficacy of particular drugs. The variations among practitioners in this respect are very great, depending partly upon theory, partly upon mental temperament, and partly upon accidental experiment; and it is only by extensive comparison of a large number of results that individual experience can be matured and individual misconceptions corrected. These observations are peculiarly applicable to the remedy in question, which by some is regarded as an active and dangerous drug, and by others is administered with almost reckless fearlessness. On the one hand, we read of cases where most serious symptoms seem to have followed its employment, while others, equally entitled to credit, have never encountered them. Iodine, with all its terrors, has been minutely detailed, and yet the condition is practically unknown to the great majority of those who are daily prescribing this agent in large doses. Does this arise from rare and special idiosyncracies, as is the case for mercury, opium, &c., being too frequently described and received as common experience?—or does it depend on that innate sagacity and tact which silently anticipates scientific induction, and enables some happily constituted minds, almost unknown to themselves, to make a selection of rightly adapted cases? Whatever may be the explanation, the fact is unquestionable, and the subject presents an interesting field of inquiry.

Another very serious practical difficulty is to know *how long* medicine should be continued to ensure the most permanent results. All juniors, at least, must have undergone much doubt and anxiety on this point, and, we confess, with few exceptions, we are aware of little solid information to guide them, except what they glean from their own observations; and when we reflect upon the incapacity of many minds to fructify experience and to observe accurately, it is easy to conceive how confusion and empiricism mark the whole of their progress. To measure the amount of experience by the duration of practice, though possessing some average truth, is, in many cases, most fallacious. The mental constitution and professional science of the practitioner are far more important criteria of his curative powers than the number of his patients; and, fortunately for many, the public mind is little apt, and but little competent, to draw the line of distinction. Perhaps, after all, the great source of uncertainty in therapeutics is deficient diagnostic power, involving so much vagueness of thought, or gratuitous assumption, that all cases at last become nearly alike, or are adapted to some merely imagined classification. It is true that this may coexist with no small amount of practical sagacity and success, but it isolates the mind from communion with its fellows, and dams up the stream of all recorded experience. How few are those, endowed with sufficient vigor and clearness of thought, united to extensive knowledge and untiring diligence, who have contributed to simplify and smooth the mazy and rugged path of practical medicine! How great our obligations—how wide and extensive the field still open to their successors!

In cases characterised by the lithic acid diathesis we have combined the hydriodate with the bicarbonate of potass and soda, using as a vehicle either camphor julep, cascarilla bark, or the compound steel mixture, as the symptoms might indicate. Pain and restlessness were treated by one or two grains of calomel with ten to fifteen grains of Dover's powder at bedtime. In a few cases we thought combining a scruple of sulphur with the Dover's powder was useful. Local pains were relieved by liniments containing colchicum and opium, or by warm plasters, especially in lumbago. Blisters were only twice applied. Quinine, with or without the acetic extract of colchicum, morphine, or belladonna, were prescribed, where debility and pain of a remitting character were present.

In cases of rheumatic headache, not always easily diagnosed, the effect of the hydriodate is often rapid and gratifying.

The instance registered as rheumatism of the spinal envelopes occurred in a gamekeeper, after great exertion and exposure to wet and cold. In addition to local pain and tenderness there was partial paraplegia of motion and sensation. It rapidly yielded to the hydriodate and a blister. We may observe that very few of our cases were urgent and acute. This will account for the uniformity of our practice.

In few diseases have remedies been more multiplied than in the one now under consideration, arising, no doubt, from its great importance, its wide prevalence, and its too frequently intractable character. It is one of the greatest scourges to the laboring population. At the same time, it must be admitted that much benefit has been derived from particular combinations. We shall, therefore, direct the student's attention to the scattered experience of other observers, hoping that, by multiplying the materials of his choice, we may contribute to the increase of his practical usefulness.

The value and uses of colchicum have long been recognised. Mr. L. Wigan, of Brighton ("Med. Gaz.," June 30, 1838), confidently asserts the following mode of using this remedy to be heroic, in proportion as the case is violent and recent. Eight grains of the powdered colchicum root (preserved by being kept ground to an impalpable powder with twice or thrice its weight of white sugar) are given *every hour* in water, or ginger or apple tea, until vomiting, purging, or profuse perspiration take place, or at least till the stomach can bear no more. If nausea is felt after three or four doses, he stops a quarter of an hour, and gives brandy on sugar or soda water, when the medicine is again continued. The usual quantity supported is eight or ten doses; the maximum fourteen; the minimum five. After six or seven doses a slight nausea comes on; but by keeping quiet with something in the mouth three or four more doses might be received, when perhaps the disgust becomes unconquerable. After this there is generally sound sleep, with occasional nausea on walking. The pain ceases, but the more active effects of colchicum do not take place for some hours after the last dose, and after a few hours more is succeeded by "Elysium." The inflammation of the joints subsides, and they resume their size with miraculous rapidity. The acidity of the perspiration ceases as well as the peculiar odor. As soon as a cup of souchong tea can be obtained a sound sleep comes on, from which the patient awakes perfectly well. When enabled to do so, Mr. W. prefers giving a breakfast of bread and butter and tea only, very early in the morning, and two hours afterwards to commence the colchicum. Nothing more but tea and bread sopped in it during that day. It is well to indulge the returning appetite very sparingly on the day following, on which we may allow a small snap of devilled meat and rice with a little curry, if desired. Afterwards the patient may resume his ordinary diet as soon as his appetite indicates it. Mr. W. has never known a relapse, and strongly urges the practice. We confess to have some doubts of the safety of this plan, unless in robust subjects and in a very acute form of disease; Mr. W.'s statement is, however, very interesting, and well deserves attention. If confirmed by other practitioners, it will furnish us with a valuable means of combatting violent and acute rheumatism.

Dr. Davis ("Lancet," June 16, 1841) says that the duration of the disease, under the following plan, does not exceed a week in the majority of cases:—Bleeding from the arm to faintness, succeeded by an emetic of ipecacuanha and tartar emetic, and in five or six hours by a purge of calomel and jalap; after this, he gives a scruple to half a drachm of powdered yellow bark, every three or four hours. This is similar to Haygarth's plan, and has the sanction of very varied experience.

The late and much-to-be-lamented Dr. Hope, after six years' experience upon 200 cases, gives decided preference to the following plan:—After one, or even two, full bleedings in the robust, he gave seven to ten grains of calomel, with one or two of opium at night, a draught with fifteen to twenty minims of colchicum wine, and five grains of Dover's powder in saline mixture, three times a-day. It was seldom necessary to repeat the calomel more than from two to four times, after which he continued the opium at night, with the colchicum draught and a senna laxative every morning. The patient was almost always well in a week, and able to commence his work in seven to ten days after the pains had ceased. Ptyalism was avoided unless the heart was involved.

In chronic cases he gave five grains of calomel, and one of opium, at night, for five or six times, with the senna and colchicum draught as before. Local depletion with some form of counter-irritation were usually employed.

In the acute stage Dr. Graves principally relies on bleeding, with large doses of tartar emetic and nitre, and in less urgent cases, particularly if complicated with bronchitis, he has derived much benefit from the following mixture:—

Almond emulsion, eight ounces;
Vinegar of colchicum, half an ounce;
Acetate of morphia, one grain;
Nitrate of potash, half a drachm. Mix. Half an ounce every hour or every two hours.

If colchicum does not relieve in two or three days we must have recourse to mercury.

Dr. Pitschaft has for twenty years employed mercury, preferring the red precipitate, in doses of one-eighth to one quarter of a grain twice a-day, combined with opium if the system be irritable.

Dr. Christison, after premising bleeding, thinks that keeping up perspiration by frequent doses of Dover's powder for 36 to 48 hours is an admirable plan. Purging must be avoided till the sweating is over, nor is the plan so successful if commenced later than the fourth day.

Dr. Macleod advises bleeding from twelve to thirty ounces during the first week, giving three to five grains of calomel at night, and a senna purge in the morning. Opium to the extent of two grains in the twenty-four hours is often useful, and the guaiacum is recommended as the best after treatment. In lumbago Dr. M. thinks well of a brisk calomel purge once or twice a week as above, and considers half a drachm to two drachms of the compound tincture of guaiacum three times a-day, with a grain of opium at night, the best plan.

Dr. Marryatt's principal remedy against lumbago was half an ounce of the compound tincture given at bed-time, with other means adapted to promote diaphoresis.

In the "Lancet" for Nov. 16, 1839, Mr. Henry Rees says, "In all cases of acute rheumatism the diet should be strictly regulated; avoid rigidly beer, wine, spirits, and animal food. Milk, beef-tea, butter, eggs, fish, &c., are all pernicious. This theory is that the disease depends on an excess of nitrogen. In very urgent cases bleeding and mercury may be necessary, but he regards the hydriodate of potass as certain an antidote to the rheumatic diathesis as mercury is to that of syphilis. Its combination with liquor potassæ acts, he says, like a charm in rheumatic iritis.

Dr. Hughes ("Medical Gazette") never found it necessary to bleed. He gave a pill of opium and antimony at night, repeating it two or three times daily, if the pain was urgent. Calomel was only used when the inflammatory symptoms were severe. Half a drachm of the colchicum wine, with a drachm of the sulphate of magnesia, was given three or four times a-day, producing, after two or three days, copious liquid yellow evacuations, with evident relief, when he immediately ordered decoction of bark with soda. In a few days the patient was well.

In the Report of the Worcester Infirmary it is stated "that emetics of tartarised antimony, administered at the commencement, have cut short the disease in acute cases."

Mr. Horne ("Lancet," December 10, 1842) speaks very favorably of the following mixture:—

Nitrate of potash, half an ounce;
Potassio-tartrate of antimony, two grains;
Spirits of nitric æther, one ounce;
Water, twelve ounces. Mix. A wineglassful three times a-day.

He also strongly recommends the external use of a strong solution of the hydriodate of potass when the joints were implicated—a hint worthy of trial. The same lotion he has found serviceable in neuralgic pains.

Dr. Brocklesby, in 1764, first directed attention to the value of nitre in large doses, giving as much as ten drachms in the day and night. Mr. W. White, in 1774, confirmed its value, carrying the maximum dose to twelve drachms. In 1833 the same practice has been revived by Messrs. Gendrin and Solon. Sixteen cases are recorded, of which the average period of treatment was eight days. The mean quantity of the salt given in one day was one ounce in three quarts of water; the total average quantity, eleven ounces. They advise commencing with two drachms and a half in a quart of fluid.

Twelve successful cases are recorded by M. Arran ("Gaz. Med.," March, 1841), where the mean dose was thirty-six grains in three pints of fluid, and the average total quantity 374 grains. The mean duration was eight days.

We suspect the above doses to be excessive, and believe M. Arran's practice the most reasonable and prudent. Such evidence is illustrative of the differences prevalent among practical men as to the necessary doses of medicine. There are enthusiastic givers as well as takers of physic.

Dr. Corrigan, in a very interesting paper in the "Dublin Journal," asserts that the treatment of rheumatism by large doses of opium shortens the duration, diminishes suffering, husbands strength, and lessens the tendency to complications. It is important that full and sufficient doses are employed, increasing them in amount and frequency, until the patient feels decided relief, and then continuing the same dose until the disease has steadily declined. The mean quantity given in twenty-four hours was from ten to twelve grains, but it often amounted to more than double. It does not affect the cerebral functions, and, as we have more than once observed, in some cases excites diarrhœa. The average duration of treatment was nine days. The plan is not adapted to gouty subjects. Warm embrocations, with turpentine, or camphorated spirits, were employed. Against the consequent stiffness he advises frictions, with half an ounce of camphorated oil and turpentine, and a drachm of sulphur. In cases with sweating, erratic pains, and quick small pulse, the combination of quinine and opium is admirable. Other practitioners have confirmed Dr. C.'s experience, and his suggestions, though not absolutely novel, possess great practical interest.

Dr. Busse, of Berlin, in a monograph upon the subject, advocates the value of Richter's treatment both of acute and chronic rheumatism. He gives from fifteen to sixty drops every two hours of the following solution:—

Extract of aconite, four scruples;
Antimonial wine, three ounces two drachms. Mix.

It excites diaphoresis without distress, and relieves pain. The evidence in its favor is very strong.

Dr. J. B. Watkins, of Philadelphia ("Medical Examiner," No. 33), also speaks in favor of the extract of aconite. It may be given in doses of one-fourth of a grain three times a-day, to six grains, or even more, daily.

Mr. Curtis, of Camden-town ("Medical Gazette," April 1, 1842), recommends an aconite plaster, made by evaporating four ounces of the tincture to the consistence of oil; this quantity to be spread with a brush on half a yard of adhesive plaster.

Dr. Osborne ("Dublin Journal," June 1, 1840) remarks that belladonna causes an immediate cessation of the migratory pains, without benefitting those which are fixed. The dose is one-third of a grain three times a-day, increased to one-half every three hours. Its effects seem limited to muscular pains.

Dr. Hosack ("Practice of Physic," p. 672) considers the following pill a good diaphoretic stimulant in chronic cases:—

Guaiacum, six drachms;
Camphor, one drachm;
Opium, two drachms;
Potassio-tartrate of antimony, one drachm. Mix. To be divided into 120 pills, two three times a-day.

Cases occur, says Dr. Watson ("Medical Gazette," July 18, 1842), which are not absolutely acute or chronic. There is some fever, the joints are affected, the skin dry, thirst, the urine loaded with lithic deposits, and strongly *acid*. In this state alkalies are of great use. A drachm of the liquor potassæ daily for several days together, keeping the bowels free, has done more than any other treatment.

Against rheumatic headache Dr. Johnson has found no treatment so successful as the following:—Eight grains of Dover's powder and two of calomel at bedtime on alternate nights for two or three times, followed by a third part of the following mixture the next morning, to be repeated in two hours if necessary:—

Infusion of rhubarb, three ounces;
Tartrate of soda, three drachms;
Powder of rhubarb, half a drachm;
Tincture of senna, half an ounce;
Wine of colchicum, a drachm and a half. Mix.

The same observer remarks ("Medico-Chirurgical Review," April, 1838), that many of the most stubborn cases will yield to a course of blue or Plummer's pill, taken at bed-time, and followed by a warm saline and colchicum draught in the morning. Flannel clothing, and an occasional warm bath, are valuable adjuvants.

Dr. Paris asserts, that against the muscular atony succeeding to acute disease, ammonia in large doses is the best remedy.

In a very obstinate case, characterised by severe pains, relieved by heat, and unaccompanied by much swelling, occurring in the practice of Mr. John Brady, of London, the following means proved very successful:—

Compound extract of sarsaparilla, six drachms;
Iodine, half a grain;
Hydriodate of potash, half a drachm;
Boiling water, six ounces. Mix. A fourth part three times a-day, with one of the subjoined pills.

Hydrochlorate of morphia, one grain;
Disulphate of quinine, nine grains;
Blue pill, ten grains;
Rhubarb pill, twelve grains. Divide into twelve pills.

M. Briquet has recently addressed a letter to the Academy of Medicine of Paris, stating that large doses of quinine were as successful in rheumatism as in ague. All will not coincide with M. B., and some late experience has proved that an excessive use of this agent is not without inconvenience and danger.

We shall now adduce some evidence in favor of sulphur, which entitles it to the practitioner's serious attention. It is an old but very partially employed remedy, and has now almost descended from the profession to the people.

Dr. Munk states that he employed it successfully in 300 cases. It seemed more effective when combined with the carbonate of soda, in the proportion of two drachms to an ounce of sulphur. Half an ounce of the latter was the maximum quantity in twenty-four hours.

The celebrated nostrum, well known as the "Chelsea pensioner," owes its efficacy to sulphur.

Dr. Law states that in subacute rheumatism there is no one means he has found so generally useful.

Sulphur, one ounce;
Bitartrate of potash, half an ounce;
Powder of rhubarb, two drachms;
Powder of guaiacum, one drachm;
Powder of musk, one drachm;
Honey, four ounces. Mix. A dessertspoonful three times a-day.

If it purges too much, a drachm of Dover's powder to be added. Dr. Graves also praises it, and substitutes the following electuary:—

Powdered bark, one drachm;
Powdered guaiacum, one drachm;
Cream of tartar, one ounce;
Flour of sulphur, half an ounce;
Powdered ginger, one drachm. To be made into an electuary with syrup. A teaspoonful three times a-day.

If it purges too much, we diminish the dose; if constipation exists, we increase it. A teaspoonful of sulphur with half the quantity of ginger, taken every morning in a glass of milk, has proved very useful. We know a lady liable to severe rheumatic pains in the scalp, who considers she can at any time cure them by a dose of sulphur at bed-time.

Professor Otto, of Copenhagen, treated four cases, three of which were chronic, with four drops every two hours of a tincture made of two drachms of the carburet of sulphur in half an ounce of rectified spirits. The same quantity, rubbed up with half an ounce of olive oil, was employed as an external embrocation.

Dr. Bardsley, in his "Hospital Reports," page 204, speaks very favorably of sulphureous fumigations in the subacute and chronic forms, citing forty cases as relieved or cured.

In chronic obstinate affections of the joints, rubbing them with castor oil every night, and wrapping the limbs in warm flannels, is extensively employed in the East, and is said to be very successful. ("Lancet," April 8, 1837.)

The external application of colchicum has been strongly recommended ("Lancet," July 29, 1837), and we have ourselves found it useful in cases where the sensibility was great, the pains diffused and recurrent, and the temperature of the part raised.

Painting the surface with the tincture of iodine has also been found useful. Equal parts of the compound camphor and soap liniments, with laudanum, is a good form of embrocation; and in cases of severe local suffering the following ointment has succeeded in allaying pain:—

Veratria, half a drachm;
Opium, one drachm;
Lard, one ounce and a half. Mix.

The endermic application of morphine is also worth remembering.

On a review of the preceding rather long list of authorities and plans, it would appear that the principal remedies against rheumatism are the iodide of potassium, mercury, colchicum, opium, sulphur, and nitrate of potass, and probably the skilful employment of one or more of these would effect all in the power of our art to accomplish. It would have been easy to have multiplied our researches, and brought together a much larger amount of practical experience, but we have intentionally restricted ourselves to our own gleanings, and purposely avoided making use of the labors of professed writers upon the subject. To these the student has easy access, but perhaps he may find that his time has not been wasted in perusing our less methodised and more fugitive efforts.

Neuralgia.

Sex.—Males, 3; females, 26.

Ages.—	17 to 20	3
	20—30	12
	30—40	6
	40—50	6
	50—60	—
	60—70	2
		29

Season.—Nearly one-half were admitted in January and May. The remainder were pretty equally distributed.

Anterior Duration.—Less than a week	4
1 to 4 weeks	5
1 to 6 months	4
6 to 12	3
More than a year	7
Omitted	6
	29

Nerves affected.—One or more branches of the fifth pair, 14; breast, 4; lower extremities, 6; intercostal, 2; head, 1; omitted, 2.

Result.—Cured, 8; convalescent, 3; relieved, 4; irregular, 12; omitted, 2.

Average Duration of Treatment.—In 7 cases it was 11 days.

Treatment.—In all the successful cases, with three exceptions, quinine was administered in two grain doses every two, three, or four hours in the intervals of the pain, combined with morphine, conium, camphor, or strychnine. Some preparation of steel was conjoined if anæmia coexisted, and in three cases the latter proved successful in combination with ammonia and æther. Laxatives were only ordered to obviate constipation; sponging the face with very hot water, and immediately afterwards with cold, was in some instances beneficial; in one or two it aggravated the pain, and in two others was negative.

Croton oil was given in three instances without benefit. In one a quarter of a drop produced all the symptoms of violent cholera, with but very temporary relief to the local suffering. We may mention that in this patient, and in other members of the same family, castor oil invariably excited similar symptoms.

The effects of strychnine on the general system were very decidedly induced in one instance, to the great disturbance and alarm of the patient; but we could not attach any benefit to its use. A gentleman, aged forty, suffering under paraplegic symptoms, and to whom we gave the *twelfth* of a grain, was attacked about an hour after the first dose with sudden flushing of head and face, great confusion of mind, disturbed vision, and a sense of general rigidity in the muscles, especially about the throat. In a few minutes these symptoms gradually subsided. A second dose some days afterwards was again followed by similar results. We were not prepared for such rapid effects, and from so small a quantity. The patient was not aware of what he was taking, nor was he of a nervous temperament. We think the fact worth noticing.

We were requested in one instance to magnetise a young lady of hysterical temperament, and a severe sufferer from facial neuralgia. After professing to her friends our disbelief in the process, and consenting only on the ground of compliance with their urgent request, we were introduced to the bed-side of the patient, who assumed an attitude of sleep. We performed a few passes of the hand before her face, and then purposely abstained from even directing our thoughts to the subject. In a few minutes she seemed fast asleep, and the next morning we were told that the effects had been most gratifying, the sleep quite different from natural repose, and no pain whatever in the face. The two following nights we sat again by the bed-side, and did actually nothing except dozing comfortably for about ten minutes, and each time left the patient fast asleep, receiving the same gratifying accounts of our magic powers in the morning. We then frankly told both the friends and sufferer of what was done, but still consented to repeat the process. The charm, however, was broken, and we became an ordinary unchanged mortal. The fourth night, after nearly an hour's no small exercise of patience, and even occasionally resorting to some mysterious movements, we retired wholly unsuccessful. This did not, however, at all discourage her sanguine and believing friends, who sent up a trusty female servant to London to be initiated into the profound mysteries of animal magnetism; but, alas! on her return it proved, as some of my readers will doubtless suspect, that she was not among the number of the highly favored ones, and that she retained the form without the power of magnetism. How easy would it not have been to have reported the first experiment as a cure of tic douloureux by animal magnetism! How easy to have palmed the deception upon others, and even upon myself! We have seen and read much of this miserable pseudo-science, and increasing acquaintance with its details only increases our conviction of its evils and its absurdity. No doubt many facts have been elicited by magnetic processes, and are legitimate and interesting subjects of future inquiry, but the whole pretensions of the magnetic school, and the manner in which their public investigations have been conducted, are entitled to no better name than humbug and quackery, and are only calculated to excite false expectations and to diffuse false notions in the popular mind. We are far from implicating the moral honesty of some of those who have publicly professed their faith in, and publicly practised the mysteries of, magnetism; but we believe them to be most thoroughly self-deceived, and feel confident that the opinion upon their science and proceedings which we are now passing will be the unanimous verdict of posterity. We deeply regret that medical men should ever be among the disciples and promoters of delusion. In the medical profession the public should always find their greatest barrier against all that is wild and visionary in human investigation, and see especially exemplified a spirit of cool and cautious philosophising. If any system was ever built upon the sandy foundation of false facts and false pretensions, that system is animal magnetism. In the "Medical Gazette," for 1838, the reader will find our views upon the question stated at much greater length than is consistent with our present design.

We shall now briefly advert to the experience of other observers in the treatment of neuralgic affections, adhering to the plan already laid down. The following is the formula of Rauque's celebrated liniment, and we have found it in several instances a valuable and powerful application:—

Extract of belladonna, two scruples;
Laurel water, two ounces;
Sulphuric æther, one ounce. Mix.

Let it be rubbed on the part, and a flannel moistened with it left applied.

Dr. Johnson says that steeping two or three folds of lint or rag in the liquor ammoniacæ, and enclosing them in the top of a wooden pill-box, and applying it to the skin from one to two minutes, is a very valuable means of counter-irritation, producing a crop of vesicles, and requiring no subsequent dressing.

The endermic application of morphine is very strongly recommended by Dr. A. T. Thompson in all cases where pain is the prominent symptom. Dr. T. employs the hydrochlorate, mixing one or two grains with six of sugar, and sprinkling it on the denuded blistered surface twice a-day. To affect the *general system*, the nearer it is applied to the head the better. Smaller doses may be used at first. A pustular eruption, often of some severity, usually follows, and is itself a source of relief.

Dr. Richab, of Strasburg ("Lancet," Jan. 13, 1838), attributes great good to one grain of quinine and two of common snuff, introduced into the nostril of the affected side. It has been found to act as a charm, and may at all events be safely tried. Perhaps errhines are too much forgotten in affections of the fifth pair. Frictions with the veratria ointment or by the endermic method are doubtless of value, and perhaps failure not unfrequently depends on their imperfect mode of application.

Dr. Churchill advises the following form of plaster:

Carbonate of ammonia, one drachm;
Extract of belladonna, three drachms.

Parcira speaks favorably of the tincture of aconite rubbed in with a sponge attached to a stick, till the pain ceases. One to three drachms were used at each application. Three minims may be given internally for a dose.

Mr. Jeston ("Lancet," Sept. 29, 1832), after giving one or two doses of calomel and rhubarb, gave—

Narcotine, two grains;
Dilute sulphuric acid, twenty minims;
Infusion of roses, one ounce and a half. Every two hours during the intermission.

It frequently arrested the disease at once. The same observer advises colchicum, especially in rheumatic and intermitting pains.

Mr. Bailey, of Harwich ("Lancet," April 8, 1837) obtained much credit from the following preparation of belladonna:—Macerate for twenty days two ounces of the dried leaves in a pint of proof spirit. Dose from twenty to forty drops.

M. Valleix, in his elaborate treatise on Neuralgia, in addition to flying blisters, quinine, steel, &c., states that much benefit resulted from pills composed of equal parts of henbane, valerian, and oxyde of zinc, given in increasing doses from one to thirty per day.

The hydrochlorate of ammonia, in doses of a scruple to half a drachm, three times a-day, is recommended by the German and some British practitioners, as of great value in cases of facial neuralgia and hemicrania.

Dr. Williams recommended with relief, in a very severe case, twenty to forty drops of Jeremie's Indian sedative, sold by Barclay. A pound of quicksilver laid on the affected eye in oil silk, pencilling the part with Goulard extract, equal parts of eau de Cologne and sulphuric æther poured on the cheek and forehead, a plaster of opium and belladonna, were also the means of temporary relief. Butler, of 4, Cheapside, sells opium and belladonna tissues, which are said to be more powerfully sedative than the ordinary plasters. Currie powder, made into a paste with brandy, is an excellent remedy for toothache, and forms the celebrated Gregorian paste. When purely nervous, fifteen grains of Augustura bark every four hours has often cured it in a few hours.

Dr. Handel, of Mentz, strongly recommends the following:—

Opium, half a drachm;
Extract of hyoscyamus, camphor, of each six grains;
Oil of hyoscyamus, one drachm;
Cazeput oil, tincture of lytta, of each eight minims. Mix.

Insert a little into the tooth as a pill, or on lint.

Dr. Baillie was very partial to three or four grains of the extract of henbane twice or three times a-day in facial neuralgia; and Dr. Warren placed his chief reliance on small doses of blue pill and belladonna. Shaving the head, and washing it with cold water and the use of the cold douche for two or three minutes on alternate days, has at times succeeded. (Reece.)

In the "Bulletin Gen. de Therapeutique," it is stated that the principle of treatment is to check or mitigate the paroxysm by a full dose of opium and æther, given immediately before the paroxysm, and to administer large and frequent doses of bark during the remission. Ten to fifteen grains of quinine, exhibited after the pain has ceased, will at once make an impression, and often abridge the next paroxysm.

Many very obstinate cases were cured by giving opium until narcotism was produced. (*Vide* Prov. Med. and Surg. Journ., June 19, 1841.) Some were bled during its continuance, and the pain ceased in the majority.

Dr. Christin ("Repert. Med. Chir. del Piemonte," January and February, 1838) speaks highly of the following plan:—

Acetate of morphia, one grain;
Distilled water, four ounces;
Syrup of acacia, one ounce. Mix. A tablespoonful every hour;

when the pain is relieved, and sleep commencing, every two hours, suspending it if narcotism is induced; the patients to avoid fluids during its administration. It often caused perspiration, diarrhœa, and diuresis.

We think well ourselves of small and repeated doses of opium. Dr. Bardsley, in his Hospital Reports, relates several successful cases from the free use of morphine.

Mr. Greenhow read a paper at the meeting of the British Association at Newcastle, insisting upon the value of inducing *rapid but moderate salivation*, and relates several cases of success. It would, no doubt, prove useful in many cases where the visceral health was principally disturbed. The suggestion is worth remembering.

Dr. Burgess strongly advises ten grains of the extract of aconite made into twelve pills with liquorice powder, and one to be given every two hours, repeating it till the pain was relieved.

Croton oil has also lately been much recommended by Sir Charles Bell and Drs. Newbigging and Allnat, as possessing some specific influence on the ganglionic nerves, apart from its purgative action. Our own experience has not been so strongly in favor of the remedy as these published statements would lead one to anticipate, but our trials are not yet sufficiently multiplied to admit of safe conclusions. It has also been advised in large doses, two minims once or twice a-day, and this dose to be repeated several successive days, so as to keep up fresh purging. We have not met any cases requiring such heroic treatment.

Dr. Bennett ("Lancet," December 21, 1839) has found the iodide of potass of great use in cases of nervous headache, when the circulation was not affected.

Dr. Martinet ("Edinburgh Journal," February, 1842), particularly in cases of crural and sciatic neuralgia, advises the use of turpentine as follows:—

White of egg, No. 1 turpentine, three drachms;
Syrup of peppermint, two ounces;
Syrup of orange, two ounces. Mix. A tablespoonful three times a-day, adding laudanum if sickness is present.

In most instances the pain has ceased in a week.

A drachm of creosote to the ounce of lard has been strongly recommended as a local application.

Magendie has found great benefit from inserting two platinum needles in the nerve, and passing the current from Clark's electro-magnetic machine, connecting the positive pole with the needle nearest the origin of the nerve. If the pain shifts, we must follow it in the affected branch.

The mode of using electro-magnetism is not without importance. We found, by experiments on a recently amputated limb, that the wires applied to the dry skin produced very little effect. If the surface was moistened the contractions increased, but less so than when the wires were inserted beneath the skin. If the current was gentle, the effects were limited to particular muscles; but if active, the whole limb was affected, the flexors predominating, without reference as to where the wires were in contact. It is evident, therefore, that connecting the wires with needles, and regulating the force of the current as we wish to act, locally or generally, are essential to the full trial of electro-magnetism.

The following is Dr. Graves' neuralgic plaster:—

Powder of opium, two scruples;
Camphor, half a drachm;
Burgundy pitch, and plaster of lead, of each as much as may be necessary. Mix.

This is enough for the largest plaster.. Steep the part with warm water before applying it.

The reader may perhaps glean some useful hints in these scattered references to the experience of others. They are not intended to obviate the necessity of reference to standard treatises on the subject. Some of the more important but better known remedies have not even been mentioned, such as iron and arsenic, their uses and value being necessarily familiar to every practitioner.

Diagnosis.—In all painful affections of the face we have assumed one or more branches of the fifth pair to be affected, and have never regarded the seventh nerve as implicated where the motor powers were not involved.

A much larger number of cases than those we have selected should properly be included under the head "Neuralgia." In fact, all painful affections of the viscera, apart from inflammatory mischief and organic change, belong to the same class, and are cured by the same remedies. To limit the term to painful conditions of particular nerves is a wholly arbitrary arrangement, and though the distinction between nervous and vascular disturbance is practically recognised in every organ of the body, it has but very partially influenced nosological classification. The more we reflect upon the subject the more we are impressed with the difficulties attending a really scientific diagnostic arrangement of disease, and we think that we possess in the effects of remedies a surer index of the essential condition than what we are sometimes enabled to infer from the analysis of symptoms. There must be something radically faulty in our science when it so frequently clashes with the practice of our art. The mind feels that much greater simplicity and precision might be attained, but the genius destined to make the vision a reality is probably yet unborn.

[*To be continued.*]

STRANGULATED HERNIA,

OPERATED ON BY THE PATIENT WITH A RAZOR, TERMINATING IN RADICAL CURE.

By John Parsons, Esq.,

Surgeon to the Bridgwater Eye Dispensary.

On the 3rd April, 1841, I was summoned in a great hurry to a parish six miles distant, to see James Bown, aged forty-five, who, the messenger informed me, had wounded himself in the abdomen with a razor. On my arrival, about an hour after the accident, I ascertained that he had been the subject of a reducible congenital hernia of the right side, but for which he had never worn a truss, and which had never given him any uneasiness until the morning of this day, when, on returning home at one o'clock from being actively engaged in putting up a mud wall, and exerting himself in lifting heavy batches of mud to the top of its surface, he felt very uneasy, and was unable, as usual, to return the protrusion; it soon became much more painful and very tender, and, repeated attempts on his part failing to reduce it, he made a sudden gash across the neck of the swelling with a razor; a dark-colored fluid immediately escaped with considerable hæmorrhage, so much so as to induce fainting, on partial recovery from which he succeeded in reducing the hernia. On examination, an incision of about three inches in length extended across the upper portion of the inguinal canal; all hæmorrhage had ceased, but there still exuded a small quantity of the same dark-colored fluid; the hernia was reduced, and the finger could be readily passed downwards into the sac, but not so readily upwards into the abdominal cavity. He was in a state of great collapse, with a very small and feeble pulse; warmth and restoratives, soon, however, succeeded in bringing on reaction, and no more hæmorrhage occurring, the wound was brought together by suture and adhesive plaster. In the evening, some pain and restlessness coming on, he was ordered five grains of calomel and two of opium.

April 4. Had passed the former part of the night quietly, and obtained some sleep, but this morning complained of great pain and tenderness over the lower part of the abdomen. Pulse 120, small, and feeble; tongue much furred, and great thirst; has had no evacuation from the bowels since the 2nd.

Ordered one ounce of castor oil directly; twelve leeches to the abdomen and warm fomentations; also every four hours—

Mercury with chalk, five grains;
Powdered compound ipecacuanha, three grains;

with the following draught:—

Liquor of acetate of ammonia, two drachms;
Spirit of nitric æther, fifteen minims;
Saline mixture, ten drachms.

Under this treatment, the mercury being carried to the extent of slightly affecting the gums, he rapidly became convalescent, the wound healed, and he did not find the slightest inconvenience until the 20th, when, after walking about nearly the whole morning, he felt great pain of a sharp throbbing character about the scrotum and hernial sac, extending into the inguinal canal, these parts becoming very much swollen and tender. In spite of active antiphlogistic treatment these symptoms gradually increased until May 9th, when fluctuation being very evident throughout the whole extent of the swelling, an incision was made at the most depending part, and extended upwards into the inguinal canal, laying open the whole extent of the sac, and giving exit to about four ounces of fœtid pus; granulations quickly sprung up, filling the whole cavity of the sac and inguinal canal with solid matter. No descent of the hernia has ever since occurred; he wears no kind of support, says he is stronger and better than ever he was, and does not regret the operation he performed for himself, to which I can bear my willing testimony, having seen him only a few days ago engaged at his old occupation putting up a mud house, to supply the loss of his own, recently destroyed by fire.

Bridgwater, May 14, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, MAY 20, 1843.

If it be true that the advancement of a science is to be estimated by the character of the literary productions of its disciples, the medical science of this country in the nineteenth century no longer deserves credit for progressive improvement—nay, worse, it has retrograded. No longer do authors strive to attain that amount of excellence acquired by a Hippocrates, a Sydenham, and a Cullen; the "Rosa Anglica" of John o' Gadsden now affords a preferable standard of medical science, and ministering to their anxiety to acquire temporary advantages, they have drawn down upon themselves permanent discredit. To illustrate the truth of the position we have here ventured to assume, and to perform the necessary and most unpleasing task of exemplification, it is by no means requisite to appeal to the subject-matter of our recent medical writings, and as our present observations are obliged to be somewhat limited, we shall be content with a small field of evidence.

We will not, then, even allude to the matter contained in these published writings; we will speak only of their titles. The list before us is a motley group, presenting every form of attraction for the hypochondriac dyspeptic, or hysterical female; but, alas! none for the scientific inquirer. Their title-pages carefully analysed afford the best possible evidence of the purposes for which their contents have been compiled. Miraculous cases and equally wondrous cures form the bulk of such works, a well-directed reference to which constitutes one of the chief points of the title-page, to which is added a delicate allusion to a preface having tacked to its end the residence of its *disinterested* author. These literary productions—these "rivulets of type in worlds of margin"—often illustrated by vividly-colored drawings, and bound up in a kind of elegant undress, are extensively circulated through all classes of persons, in the hope that they may speedily find their way to the houses of rich hypochondriacs, or mingle with the *bijouterie* in the boudoir of a nervous lady. Writings on "Habitual Constipation," "Enlarged Abdomen," "Indigestion, and the Causes of Low Spirits," "On Spasm and Languor," and lastly, *mirabile dictu*, "Consumption Curable." These are they which prove the most common, because to the public the most attractive, titles, and better calculated to fulfil the objects for which they were written; nor are works of the character we have described alone the production of inferior and uneducated practitioners, but in the ranks of the Royal College of Physicians in London we recognise the authors of many such. The best and the worst of those essays to which we have referred, have for their writers those on whom the honors of the fellowship have already descended. The publication of works of this class may offer temporary advantages to their authors, but do much of evil to medical science. When men possessing acknowledged rank in the profession descend to the authorship of such literary productions, they become the examplars for others who are as yet but candidates for medical honors, and inducing them to pursue similar courses eventually, lessen the desire for scientific research, and thus retard, if not altogether arrest, the advancement of medical knowledge. It is the duty of those who have been placed in public medical appointments, who have the advantages of large fields for inquiry and for accumulating experience, to avail themselves of the opportunities thus within their reach for the cultivation of that science upon the pursuit of which so great an amount of human happiness depends; but if, instead of adopting this course, they seek but to become the authors of popular pamphlets, they no longer can lay claim to the respect of their juniors, but most deservedly merit their contempt. It is, in truth, with much regret that we have from time to time seen advertisements announcing the approaching publication of such irregular writings by those whose pen might be successfully employed in adding to our stock of professional knowledge, and although from other sources this love of popular notoriety has been already censured, yet the evil has increased and appears still to increase.

> ——————— "Frustra inhibere laborant
> Acrior admonitu est; irritaturque retenta
> Et crescit rabies."

The reputation thus surreptitiously acquired cannot be permanent, and although, for a brief space, it may confer certain advantages, yet, sooner or later, the public, however credulous, become awakened to the trick which has been practised, and the redoubted authors quickly fall far below that estimation in which they had temporarily been placed.

In a late Number we ventured to make a few remarks on the subject of German degrees in medicine, and have been since favored with several letters from correspondents, containing important questions, to the consideration of some of which we will now devote a very short space. We have already briefly noticed the excellent suggestions contained in the letter of "M.R.C.S.L.," and as we shall, probably, soon have occasion again to refer to it, we will for the present limit our observations to the question of how far our previous remarks correctly applied to those practitioners in medicine who have subsequently assumed the German doctorate. We cannot at all concede that the fact alluded to by our correspondent, relative to the possession of previous qualification, at all enhances the value of a foreign diploma; the same means may and are employed for its acquirement as in those cases in which the candidates for the *honor* possess no medical diploma of any kind whatsoever. We would not be supposed to deny that amongst the large number of individuals possessing German diplomata, there are many boasting high and extended medical knowledge, and who might most deservedly receive a degree of a far higher order; but this fact adds nothing to the character or the value of the foreign diploma itself. There may have been previous qualification for it, but there may also have been none whatever. Our remarks, however, were chiefly directed to the disgraceful system at present in existence, by which persons less than honest are, at a small expenditure of time and money, enabled to assume the rank of medical practitioner, injuring alike the profession and the public.

As public journalists, we have certain duties to perform, and none which fall to our lot is more important to our professional brethren than that which induces us to maintain, by every means within our reach, the honor, credit, and rank of the medical profession. Thinking thus, and acting thus, we have lately been induced to carry our inquiries into the manner of obtaining these supposititious medical honors yet farther, and we trust ere long to prevent the continuance of such a system, by exposing its chief abettors. Our correspondents, equally with ourselves, must feel the great amount of evil effected by these M.D. manufacturers, and cannot but perceive how great the amount of benefit which would be conferred upon them were such a system annihilated. To attempt this end is one of those objects in medical reform to which our attention has been directed, and to effect which our utmost efforts shall not be wanting. It is true that such endeavours may be fraught with many difficulties, and we believe it to be not less true that, when we shall have drawn aside the curtain, we may recognise in the actors other individuals than those who have generally been supposed to be the M.D. agents. We shall not, however, for this or any other reason, shrink from the task, but will do our utmost to detect and expose them to the justly merited contempt of the members of a profession disgraced by numbering such persons in its ranks. Most gladly would we endeavour to carry out means for the total suppression of German degrees, but at present this cannot be effected. Patiently but anxiously must we await the arrival of that period of amendment in medical legislation which, we trust, may enable us to commence the contest with a greater probability of success.

REVIEWS.

Chemical Manipulation; being Instructions to Students in Chemistry on the Methods of performing Experiments of Demonstration or Research with Accuracy and Success. By MICHAEL FARADAY. Third Edition. London: Murray, 1842. 8vo, pp. 664.

The title of this work sufficiently indicates the object for which it has been composed by its learned author. It is obvious that, without habits of correct manipulation and a knowledge of the different processes by which we discover the properties of matter, the student can never attain any degree of proficiency as a practical chemist. The general treatises on chemistry are very deficient in this essential species of instruction, and it was to supply this deficiency that the author undertook a work for which he was so eminently qualified.

It were impossible for us to convey even an imperfect idea of the immense mass of practical matter contained in this excellent treatise; we may, therefore, say generally that it comprises a description of the conveniences and requisites of a laboratory, general chemical apparatus and its uses, the methods of performing chemical operations, the facilities acquired by practice, and, finally, the causes which make experiments fail or succeed.

Under each of these departments the student will find minute and clear descriptions of the different manipulations that may be requisite; and at the conclusion of the volume "a course of inductive and instructive practices," amusing as well as useful. No student should think of commencing the study of practical chemistry without having previously possessed himself of this indispensable guide.

A General History of Animalcules. Illustrated by Five Hundred Engravings. By ANDREW PRITCHARD. London: Whittaker and Co., 1843. 8vo, pp. 84.

We recommend, with pleasure, this work to the attention of those who delight in the wonders of natural history. It contains a brief account of infusorial animalcules; is illustrated by numerous highly-finished engravings; and, by the liberality of the author, is offered to the public at an extremely moderate price.

We extract from it the following summary of the subject:—

"1. All the infusoria are organised, and the greater part of them (probably all) are *highly* organised bodies.

2. The infusoria constitute two very natural classes of animals, according to their structure, which classes admit of subdivision, upon the same principle.

3. The existence of the infusoria in the four quarters of the globe and the sea is proved; as also that of individuals of the same species in the most opposite ends of the world.

4. The geographical distribution of the infusoria upon the earth follows the laws observed regulating that of other natural bodies.

5. Most of the infusoria are invisible to the naked eye; many are visible as moving points; and the size of the body does not exceed, in any case, the 1-12th of an inch.

6. The minute invisible infusoria, in consequence of their immense and swarming numbers, color large tracts of water with very remarkable hues.

7. They give rise to one kind of phosphorescence of the sea, though in themselves invisible.

8. They compose (though singly invisible) a sort of mould, through living in dense and crowded masses.

9. In a cubic inch of this mould, more than 41,000 millions of single animals exist, and constitute, most likely, the chief proportion of living bodies upon the face of the earth.

10. The infusoria are the most reproductive of organised bodies.

11. From one of the known propagative modes of the infusoria—that is, of self-division—a continual destruction, beyond all idea, of the individual, and a similar interminable preservation and extension of it, in air and water, ensues, which, poetically, borders upon eternal life and growth.

12. The copulation of gemmæ, which, perhaps, includes the hitherto unsolved poly-embryonate riddle of the seeds of all plants and vegetable formations, is solved in the family closterina.

13. The infusoria, in consequence of their siliceous shells, form indestructible earth, stone, and rocky masses.

14. With lime and soda we can prepare glass, and swimming bricks, out of invisible animalcules; use them as flints; probably prepare iron from them; and use the *mountain meal*, composed of them, as food in hunger.

15. The invisible infusoria are sometimes hurtful, by causing the death of fish in ponds, deterioration of clear water, and boggy smells; but not, as has been supposed, in giving rise to malaria, plague, and other maladies.

16. The infusoria appear to be (as far as is yet known) sleepless.

17. The infusoria partly decompose (zerfliessen) by egg laying, and through that change passively, and manifold their form.

18. The infusoria form invisible intestinal worms in many animals and in man, even if the spermatozoa are excluded from amongst them.

19. The invisible infusoria have also *lice* and *intestinal worms* themselves.

20. The infusoria possess a comparatively long life.

21. As the pollen of the pine falls yearly from the clouds, in the form of *sulphur-rain*, so do the much smaller animalcules appear (from being passively elevated with the watery vapor) floating in a live state in the atmosphere, and sometimes, perhaps, mixed with the dust.

22. In general, the infusoria maintain themselves pretty uniformly against all external influence, as do larger organised bodies. It is true that they sometimes consume strong poisons without *immediate injury*, but not without an after effect.

23. The weight of the invisible infusoria, light as it is, is yet calculable, and the most gentle current of air or draught can play with their bodies as with the vapor of water.

24. The evident and great quickness of the motion of infusoria is reducible as follows:—Hydatina senta, 1-12th of an inch in four seconds; monas punctum, 1-12th in forty-eight seconds; navicula gracilis, 1-12th in six minutes twenty-four seconds.

25. Linneus said, *omnis calx e vermibus:* either to maintain or deny *omnis silex omne ferrume vermibus*, would be, at the present moment, unjust.

26. The direct observations as yet known upon the theory of *generatio primitiva* are wanting in necessary strictness. Those observers, who profess to have seen the sudden origin of the minutest infusoria from elementary substances, have quite overlooked the compound structure of these organic bodies.

27.

28. The power of infusorial organisation is instinctively shown by the strong chewing apparatus, with teeth, which they possess, and their evincement, likewise, of a complete mental activity.

29. The study of the infusoria has led to a more distinct and conclusive notion of animal organisation generally, and the limits which circumscribe the animal form; from which all plants and minerals, that want the animal organic system, are strongly and distinctly separated.

30. Finally, it results from these inquiries, that experience shows an unfathomableness of organic creations, when attention is directed to the smallest space, as it does of stars, when reverting to the most immense."

ACADEMY OF SCIENCES, PARIS.

May 8, 1843.

TURNING OF PLANTS TOWARDS THE LIGHT.

M. Becquerel read a report on a memoir by M. J. Payer on this subject. The chief result obtained by the experiments of the author, verified by the committee, is that the portion of the spectrum comprised between the red and blue rays is incapable of producing the tendency to turn, while the remaining portion occasions this effect.

INFLUENCE OF ASPHYXIA ON THE SECRETION OF BILE.

The experiments of M. Bouisson on this subject seem to show that *slow* asphyxia causes venous congestion in the liver, and increases considerably the secretion of bile; that bile is produced from the venous blood of the liver; that the qualities of the bile are influenced by slow asphyxia, this fluid becoming more dark and consistent, and appearing to be mixed with blood; finally, that asphyxia, by arresting the functions of the lung, develops the supplementary function of the liver, which throws off the excess of carbon by means of the bile.

FUNCTION OF THE SKIN.

A memoir on the functions of the skin and lymphatic vessels, from the pen of Dr. Robert Willis, was read. We have noticed Dr. Willis' paper in No. 133 of this Journal.

ACADEMY OF MEDICINE, PARIS.

May 9, 1843.

SULPHATE OF QUININE IN RHEUMATISM.

M. Guéneau de Mussy read a report on the different papers which had been forwarded to the Academy on the treatment of acute rheumatism by sulphate of quinine in high doses. After a careful consideration of all the points connected with this disputed question, the committee conclude that the sulphate of quinine should not be prescribed in the high doses of four to six scruples, recommended by M. Briquet; and, secondly, that the same therapeutic effects may be obtained by the ordinary doses of this remedy.

CASES OF PURPURA OCCURRING WITH MORBUS BRIGHTII.

CASE I.—*Exposure to heats and chills—Cough, dyspnœa and palpitation—Albuminous urine—General dropsy—Purpura—Death.*

John Wynn, aged twenty-five, a paper-maker, residing in Kent, single, with light eyes, fair complexion, and brown hair, of spare frame, and middling stature: has drunk freely at times, chiefly of beer, but occasionally of spirits, and has not led a very regular life. Had syphilis four years ago, for which he took mercury, and was very speedily salivated; had measles and small-pox when quite a child; had intermittent fever for three or four months; and has been subject to rheumatic pains in his left elbow and shoulder; has had shortness of breath, with palpitation and cough, for six months; never, to his knowledge, had a blow in the loins. In his employment, which is amongst steam and over hot water, he is often exposed to chills and draughts. Since his illness, during the last three or four months, has had frequent nocturnal calls to micturition, which was not noticed before; has, till within the last year, been subject to severe epistaxis, lasting often for half an hour, and very profuse.

He was admitted into Naaman ward on the 20th of April, suffering from cough, dyspnœa, and palpitation, with slight œdema of the feet and ankles, as well as of the thighs and abdomen; the latter he had observed for three or four weeks, and attributed it to flatus; and his urine was found coagulable. He has been taking saline mixture, with antimonial wine and tincture of hyosciamus and digitalis, with occasional doses of compound jalap powder, and has been subject to partial perspirations, having previously perspired profusely during the night.

He was transferred to Job Ward on May 13, when his countenance was rather bloated and waxy-looking, with slight color in the cheeks; the conjunctivæ pearly, and lips somewhat anæmial; tongue clean and moist, indented by the teeth; he is very thirsty; bowels confined, unless aperients are exhibited; the chest resonant; respiration very distinct on the right side, with frequent *râle sonore*; the pulse is 86, rather thrilling, but weak, and occasionally intermittent; *fremissement* is felt over the heart, and the præcordial dulness is rather more extensive than normal; the heart's action is somewhat heaving, the chest rising with each impulse, this appears most considerable on the right side of the heart; a *bruit de soufflet* is heard over the whole surface, extending also to the right side, and is audible all round the chest and between the scapulæ, and is most obvious over the situation of the mitral and aortic valves, and involves both the first and second sound, the second sound, however, is comparatively indistinct; the beat is occasionally intermittent; there is slight cough and mucous frothy expectoration; the saliva is acid; respirations 28 in the minute; the urine is pale, copious, of specific gravity 1013, acid, effervescing on addition of nitric acid, becoming opalescent, and then depositing flocculi; on exposure to heat becoming opalescent, and depositing flocculi. He was ordered low diet and to take mist. salina ter die, and five grains of pil. scillæ c hydrarg. every night, and two scruples of pulv. jalap. comp. every other morning; and a blister applied over the præcordial region. There is now no œdema or ascites observable. The heart's action became rather more quiet and regular, and the pulse softer and more regular, but continued rather intermittent and sharp, and on the 19th the expectoration was mucous, and with a rusty tinge; the bowels were open freely; and the pulse was regular, 90, rather jerking. He was ordered mist. mucilaginosa, with twenty minims of tinct. hyosc., and half a dram of sp. æth. nitrici, three times a-day, and the pills were continued; the gums, however, were slightly tender; micturates twice during the night, and perspires slightly occasionally.

On the 19th, gums being very sore; the pulse 96, regular, compressible, but thrilling; the urine about forty ounces in twenty-four hours, specific gravity 1014, and still slightly coagulable; he was ordered pil. scillæ comp., five grains; ext. hyosc., five grains; and camphor, 1 grain, every night, and the mixture was repeated; and, as the gums continued very sore, an alum gargle was used. On the 23rd they were much better, and the salivary secretion diminished;

the heart's impulse was diminished, and the *bruit de soufflet* was heard very distinctly over the aortic and mitral valves, and almost confined to that situation, but the second sound was very much masked by the *bruit* which is on the first sound; cough and expectoration were slight, and sonorous rattles were heard in parts of both lungs; bowels were confined, and a senna draught was given in the morning; respiration continued hurried, 32 in the minute.

On May 24, during the night, he had several ineffectual calls to stool, with tenesmus, and in the morning had thirst and slight aphthous ulcerations in the mouth. Was ordered three drachms of castor oil and tinct. of rhubarb, with five minims of tinct. opii and peppermint water, which produced three loose fæculent evacuations, with consequent ease; but during the following night he awoke with pain in the left hypochondriac region, increased by pressure and respiration, and situated below the ribs; the skin was perspiring freely the following morning, and there was very great tenderness on pressure. A sinapism, and afterwards a cataplasm, was applied to the part in pain, which was somewhat relieved, but still continued, extending into the lumbar and umbilical regions, and much increased on sudden pressure, and preventing his lying down. He repeated the castor oil, rhubarb, and opium draught, which acted freely. The pulse was 96, small, and feeble; the tongue furred and moist.

On the 28th the pain was relieved, and pressure was better borne, and, with the support of a belt, he was able to move about his bed without pain, and there is some tympanitic resonance over the painful part. Twelve grains of aromatic confection, and half a drachm of tincture of cardamoms, in mint water, were given three times a-day. Twenty-four ounces of lateritious urine, of specific gravity 1016, were passed in twenty-four hours, and there was more albuminous deposit; he generally micturated twice during the night, and continued to perspire; the pain continued slightly at intervals, with flatulence; the bowels were regularly opened twice or thrice daily, the evacuations being loose and fæculent; the urine had been increasing in quantity to forty-eight ounces, and was of a specific gravity of 1010, not quite so coagulable, and depositing crystals of lithic acid, on standing after the addition of nitric acid, as well as a small quantity of albumen.

On the 8th of June he had been up for two days, and purpureous spots appeared on the legs, which had also shown themselves before his admission into this ward; respiration was very short and hurried, with palpitation on the slightest exertion; the pulse 100, regular, soft, occasionally intermitting and feeble; there was no œdema. He was allowed milk diet. The urine became, about the 12th, dingy, with slight deposit resembling coffee-grounds, which was probably the coloring matter of the blood, but it was about the same in quantity and reaction; the purpura gradually declined, and he was getting stronger, continuing to perspire; there was rather a troublesome cough, and increased palpitation, with some pain and flatulency in the abdomen.

He continued much the same until July the 6th, when he complained of vertigo, depression, more palpitation, and the œdema was increased; the urine presented much the same character. He was cupped over the heart to eight ounces, and the infusion of cusparia, with a drachm of the tincture of cardamoms, was ordered three times a-day. After this, the œdema and coagulability of the urine gradually increased, with præcordial oppression, and increased dyspnœa.

On the 11th he was ordered three grains of ext. hyosc., with one grain of squill, and one of pil. hydr., night and morning; and on the 12th, being no better, a blister was applied to the chest, and julep. am. acet. with antimonial wine was given three times a day, and the pills continued.

The face became more anæmial, œdematous, and the eyelids much puffed; was rather hoarse; and there were stethoscopic signs of pleural effusion, to small amount, on both sides of the chest, posteriorly—viz., dulness on percussion, distant respiration, and modified bronchophonic voice, chiefly on the right side; and there was also heard sub-mucous crepitation on the right side; the breathing had been relieved by the blister; the purpureous spots were of a brighter color, and more numerous.

On the 15th of July he was ordered decoction of bark, with three minims of hydrochloric acid, and half a drachm each of syrupus papaveris and tinct. card. comp. He continued without improvement until the 19th, when the urine was very coagulable, with deposit of red particles, and of specific gravity 1011; and was ordered decoct. cinchonæ, with half a drachm each of spt. æth. nit., spt. ammon. arom., and spt. juniperi comp., with three minims of tinct. opii, and the pills repeated without the mercurials; and on the following day, as the cough was troublesome, an opiate linctus was used occasionally. He felt rather better and stronger, but was obliged to keep his bed; the heart continued very irritable, and dyspnœa on slight exertion; the bowels remained regularly open.

On the 26th he had a short troublesome cough; was ordered five grains of ext. hyosc. and a grain and a half of camphor every night; and the mixture was continued. He has ceased perspiring for some days; gets gradually weaker; and the symptoms continued much the same; the pulse was getting feeble, frequent, and irregular; and the abdomen flatulent, with slight griping pains.

On August the 2nd was ordered to have ten grains of aromatic confection, two drachms of tinct. of rhubarb, and half a drachm of spt. æth. nit. in mint water, every six hours. He gradually got weaker; the voice faint; and the countenance distressed and very puffy; respiration more hurried; the pulse weaker; and the urine diminished to a pint daily, of a specific gravity of 1010; the legs were very œdematous, and the purpureous spots continued; the heart's action very feeble; and on the 18th of August he sank.

Sectio Cadaveris.

As five days had elapsed since his death, decomposition was far advanced, and but little reliance was to be placed upon most of the appearances. The following facts were, however, clearly ascertained:—

There was a considerable quantity of fluid in the left pleura, and a still greater in the right; the lungs were apparently congested, and in parts condensed; there were no pericardial adhesions, but two or three ounces of fluid were contained in the sac; the heart was large generally, but the left ventricle was, perhaps, the most so; the right auricle and ventricle were large and strong; and the valves, both tricuspid and sigmoïd, healthy; the left auricle was decidedly hypertrophic, though not greatly so; the mitral valve was covered in various places with exuberant vegetations, which were most abundant and conspicuous on the auricular surface; the sigmoïds were healthy, except that the corpora Arantii were too large; the aorta was slightly dilated just above the sigmoïds and throughout the arch; the descending aorta was also large as far as the renal arteries, below which it became suddenly narrower; the artery was much diseased throughout; there was a little atheromatous deposit in the ascending portion and in the arch, but this was more abundant in the descending aorta.

The liver was myristicated, but not beyond the first stage; the spleen was very large, and near the upper part it was almost intersected transversely by a mass of fibrinous matter, which appeared to be the result of extravasation.

The kidneys were both large, and, as well as could be judged, coarse and granular; in the cortical structure of the left there was a mass of fibrinous matter, similar to that observed in the spleen, but the cortical structure surrounding which was much darker than elsewhere, this was probably the result of extravasation.

The circumstance of the aorta contracting so suddenly, immediately after giving off the renal arteries, is worthy of notice; though it may be hard to determine whether this contraction acted as a cause of the extravasation in the kidney by obstructing the passage of the blood beyond that organ, or whether it was merely such a diminution in the calibre of the vessel as might be expected to take place after the going off of arteries supplying such large viscera as the kidneys in this instance were.

CASE II.—*Purpura occurring with Phthisis and Morbus Brightii.*

Wm. Marks, admitted June 2, a jobbing coachman, living in Tottenham-court-road, of middling stature, with light hair and eyes, and fair florid complexion; has at times drunk freely both of beer and spirits, gin and beer twice or three times on most days; has lived well, is not married, has not had syphilis, but gonorrhœa, and, with the exception of ague when a child and living at Eton, enjoyed uninterrupted good health till four years ago, when he had rheumatic gout, and was in St. George's Hospital, since which he has had shortness of breath and palpitation of the heart, with frequent attacks of epistaxis and hæmoptysis, and occasionally severe attacks of rheumatic gout, with violent cough and considerable expectoration. During the last two years three or four of his family have died of phthisis. Was in this hospital, suffering from phthisis with purpura and anæmia; a soft *bruit de soufflet* then was heard on the first sound of the heart, since which he has suffered from cough, shortness of breath on exertion, with hæmoptysis at times; and about ten days ago coughed up a pint and a half of blood, which was followed by relief to the tightness of the chest, which had existed previously, and has, during the last month, had purpureous spots about both legs, and which now completely surround both ankles, which, as well as the legs, the thighs, and loins, are œdematous, and have been so for three weeks, and his face has been swollen in the morning. Has emaciated lately; never had a blow in the loins, or vertigo, except after the last severe hæmoptysis; he had tinnitus aurium in right ear for two months, and has since been deaf in that ear; vision is perfect; and he never had paralysis or any spasmodic affection; is subject to dyspepsia, and frequently has sickness with pyrosis; has, during the last two years, been subject to one or two nocturnal calls to micturate, the quantity voided being generally small at each time.

He was admitted into Job Ward on June 2, 1842. The fingers are clubbed, and the nails incurved; the countenance sallow and pale; the conjunctivæ and lips anæmial; he complains of pain in his side, and at the scrobiculus cordis at times, with flatulence. The upper part of the left side of the chest is dull on percussion; respiration is bronchial, with augmented resonance of voice, and sub-mucous ronchus, which, with sibilant ronchi, are heard over nearly all that side of the chest. There is tubular respiration and bronchophony at left apex anteriorly, with sub-mucous ronchi, and at the left apex posteriorly the same is heard, and about the posterior angle of the scapula, and a little below, there is cavernous respiration, with pectoriloquy; respirations are 25 in the minute, and hurried on the least exertion, and his cough is troublesome; the impulse and diffusion of the heart's beat are normal, but the second sound is prolonged, and harsh below the third costal cartilage; to the right of the nipple, and below and just to the left of the nipple, a soft *bruit* accompanies the systolic sound; the pulse is 70, small, feeble, and regular, but rather sharp; the skin moist; the tongue pale and moist, indented by the teeth; the saliva acid; the bowels are open twice daily, with loose fæculent evacuations; he sleeps well when not disturbed by the cough; has had, during the last month, pain in the temples and sides of the head, and pains in his back and loins after walking a short distance; his face is of a sallow icteritious tinge; the urine is acid, pale, 72 ounces in twenty-four hours, of specific gravity of 1008, and yielding a copious curdy precipitate on testing with heat and nitric acid. He was ordered to take the compound conium pill three times a-day, the effervescing citrate of ammonia mixture, and to take Iceland moss with milk, and two lemons daily in lemonade, and low diet. The purpura declined in the number of spots, and became of a light color; the cough was troublesome, with muco-purulent expectoration; and he complained of pain in the head, and in the right hypochondriac region, the latter being increased on a full inspiration. The bowels being confined, he took on the 14th a senna draught, with half a drachm of spt. ammon. aromat., which acted freely.

On the 7th, he had had bilious vomiting; the purpura had nearly disappeared, and the aspect was less icteritious; the œdema was less in the legs, but had increased in the loins, where he complained of pain, extending thence into the neck, and also on coughing, or being manipulated in the right hypochondrium, where, just below the ribs, dulness existed on percussion; he was now taking middle diet; the evacuations were of light brown color.

On the 8th he was ordered to take two grains of pil. hydr. twice a day, and to continue his other medicines. He continued passing about eighty ounces of urine in twenty-four hours, of specific gravity 1009, acid, and very coagulable by heat and nitric acid; the pulse was 72, rather jerking, but feeble; the bowels continued open; the expectoration was more mucous and frothy; and the gums were tender, with pain and tumefaction about the angle of the jaw.

On the 11th of June the purpura had returned where it had faded away. The pil. hydr. was omitted; and on the 13th, the mouth being painful, and the salivary secretion rather profuse, the alum and myrrh gargle was ordered.

The purpureous spots varied much, disappearing and again reappearing; he had nocturnal calls to micturate, and the cough continued troublesome; he had less pain in the right hypochondrium, and the dulness on percussion was diminished.

On the 11th, five grains of citrate of iron were given three times a-day in mint water; and he was ordered to continue the lemon-juice, and compound conium pills. The cough became more troublesome, and he had occasional vomiting; the mucilaginous mixtures with the mineral acids were prescribed, with slight relief to the cough; the loins continued more œdematous, though the legs were less so, and the purpura varied a great deal. A blister was applied over the sternum on the 2nd of July, the patient complaining of tightness and oppression in that part, and he seemed to be relieved thereby. And on the 9th, the bowels being confined, three drachms each of castor oil and tinct. of rhubarb, with four minims of tinct. opii, were given in peppermint water, which acted three or four times. His cough continued troublesome; the expectoration was more purulent; and the œdema and general uneasiness increased, with continued variation of the purpura. He was ordered the ammonia julep, with half a drachm of tincture of cardamoms, every six hours; and when the bowels were confined the rhubarb and castor oil draught was given, or rhubarb and magnesia; he gradually got weaker, the pulse being 85 or 90, and feeble. In the beginning of September he had diarrhœa, for which mist. cretæ, with acid hydrocyanic dil. m i., were given three times a-day. The respiration was more hurried and wheezing, with tendency to orthopnœa; the cardiac sounds continued as formerly mentioned; there was dulness and bronchopony below both clavicles, and gurgling on the left side, with sub-mucous and sibilant ronchi in nearly all other parts of the chest; the urine was diminished, and of specific gravity 1018, and very coagulable; and the anasarca had generally increased. And on Sept. 19th he complained of constant nausea and sickness, and could get but little sleep. He was ordered half a grain of hydrochlorate of morphia, and a grain and a half of camphor every night; and oxymel julep, with fifteen minims of the compound tinct. of camphor, every six hours, and to have arrow-root. The nausea and sickness continued; the purpura extended to the arms; his manner was dull, heavy, and stupid, probably from the effects of the morphia; the pulse 74, very small, and feeble, and the bowels confined; the cough continued very troublesome; and the urine very scanty; he could keep nothing on his stomach, and died on the 23rd of September.

REGISTRATION OF MEDICAL PRACTITIONERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Your correspondent M. R. C. S. suggests a system for uniform registration of medical practitioners, with their titles, &c. This will be very good, if *fairly* carried out; but to be honest and just to the English physician, surgeon, or apothecary, who has undergone every necessary examination, and has, not for the sake of overreaching a fellow-practitioner, purchased some foreign distinction—a distinction which confers no privileges, gives no right to title even (without English permission), to any holder of such base trumpery—not only base in itself, but debasing and degrading to its possessor, because to hold one proves that the holder must have been more ambitious than nature ever aimed him to attain; and so to gratify that ambition, and gain an undue and discreditable advantage, he palms those useless and nothing-proving papers upon the public as something giving title, rank, and distinction, and attesting his very superior classical and medical knowledge, when, indeed, they are only worth, to an English practitioner, the value of the paper, deducting for the injury it has sustained from the printer's ink and press.

Now, your correspondent's system of registering such things would afford a very convenient medium, by which men having German, Irish, or Scotch degrees or diplomas would publish and notify such things to the public, who cannot be expected to understand their relative value; and should a neighbouring practitioner venture to tell the truth, he would be disbelieved, considered a most envious calumniator, and his motive would be considered to be a want of charity and honesty towards a rival in the profession, because that rival happens to be in rank and medical information above him. I ask any man who knows human nature, and medical gentlemen in connection with the world, would not this thing so be? But to the point more concisely. If we have an English registration it is quite plain we must only register *English* honors; and without some extremely material alteration in the law, such as I don't anticipate, we can only have an English registration. Should the registration be a British one, then put down the degrees and diplomata emanating from any of the universities, colleges, or halls, in England and Scotland; and if the registration should include the practitioners of Great Britain and Ireland, then we must *add* the degrees and diplomas from Ireland to them. This is only common equity; the object of the registration must not be alone *subservient* to the ends of those jackdaws, in borrowed feathers, from Erlangen or Heidelberg, &c. (which the public it is, by them, hoped will mistake for the really decorative plumage of a degree from Oxford or Cambridge), but to *prevent* their evil designs, which I fear would not be accomplished by the system of registration recommended by your correspondent.

Yours, Gentlemen,

A CONSTANT READER.

Leeds, May 15, 1843.

FOREIGN MEDICAL DEGREES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I have read your remarks on German graduates, in your Number of the 6th inst., and think they apply very justly to those persons who practise medicine without *any other* qualification. But if a respectable practitioner, who holds the diploma of the Royal College of Surgeons, as well as the license of the Apothecaries' Company, and who not only has been in extensive practice for twenty years, but has been constantly improving his mind as science has advanced, and had more experience in the progress of disease than most physicians, wishes, at the end of that period, to take what is popularly considered a higher rank in his profession, finds that he is shut out from all the medical institutions in his own country, unless he gives up his lucrative practice for three years to attend a university, how is he to obtain the title of doctor of medicine in any other manner than through the aid of a university which will grant a degree upon producing proof that the applicant possesses the necessary medical and surgical qualifications? I am one of those. Before I obtained my degree from Jena I was obliged to send my diplomas and certificates to the college for examination. I then wrote a Latin thesis, and was examined in the practice of medicine and surgery by two competent examiners appointed by the college; and these, with a certificate of my character from a magistrate who had known me twenty years, were all submitted to the authorities of the college before my degree was granted.

It is well known that the examination at Apothecaries' Hall is a very strict one—quite as rigid as that which a candidate undergoes at Edinburgh for the degree of M.D. When that, combined with the examination in anatomy and surgery at the College of Surgeons, and twenty years' experience in disease is added, surely a man of common intellect is entitled to advance himself in his profession if he thinks he possesses the requisite information; and although a title does not give knowledge, it is looked upon by the vulgar as one mark of it; and I shall be most happy to hear, through the medium of your well-conducted Journal, if there is any more respectable mode of obtaining a degree without submitting to that loss of time, which would, under ordinary circumstances, deprive any medical man of his hard-earned practice.

I am, Gentlemen,

Your obedient servant,

A Member of the Provincial Medical and Surgical Association.

May 12, 1843.

MR. GUTHRIE AND THE POOR-LAW COMMISSIONERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Such of your readers as take any interest in the poor-law controversy will have seen, with great satisfaction, in your last Number, Mr. Guthrie's brief but positive disclaimer of any share in the recent disgraceful proceedings respecting surgical diplomas for appointments under the new poor-law.

It is gratifying to find that a gentleman like Mr. Guthrie, of undoubted honor and integrity as to his private character, is thoroughly ashamed of the false position into which his public connection with the poor-law commissioners has recently brought him. He will, I trust, still further exercise his forgiving temper when he is told that no excellence of character can protect a man from unjust suspicion if he be found *in bad company*.

If Mr. Guthrie desire for the future to stand well with the independent portion of the profession, let him not court the private communications of union medical officers—let him not boast of his influence with the poor-law commissioners—let him not, by depending on *their* statements and professions, practically announce his disbelief of the numerous published and uncontradicted accounts of the insulting and oppressive conduct of those commissioners towards medical practitioners.

Then, and then only, can he expect his professional brethren to co-operate heartily with him in his present laudable undertaking.

I remain, Gentlemen,

Yours, &c.,

A Provincial Surgeon.

May 15, 1843.

PUBLICATION OF WORKS IN PARTS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The correspondence which recently took place in your Journal on the subject of the "Cyclopædia of Anatomy and Physiology" is little calculated to encourage any one to express even the most legitimate complaint. Still there are grievances which exhaust all patience, and of these not the least is the manner in which the publication of the "Cyclopædia of Surgery" is conducted. It is now ten years since the work was commenced, and if it proceed at its present rate of going it will not be finished before the end of the century. Really, Gentlemen, some explanation is due, if not by the publishers, at least by the editor, who has some reputation for honesty and correctness to lose. For my own part, unless a number appear very shortly, I shall abandon the work altogether, and shall advise those whom I know to follow my example.

I am, Gentlemen,

Your obedient servant,

S.

ACETIC EXTRACTS.

M. Ferrari assures us that extracts of aconite, cicuta, hyosciamus, and stramonium, prepared with distilled vinegar, are much more active than those made with water. He has obtained still more active extracts by treating the plants with alcohol at 36°, containing 1-36th part of its weight of pyroligneous acid.

RETROSPECT OF THE MEDICAL SCIENCES.

NAIL GROWING INTO THE FLESH.

In the last number of the "Dublin Journal" (May, 1843), Mr. A. Colles describes the following operation for this painful and troublesome affection of the great toe:—While an assistant, with a spatula, presses down the fungus, I seize, with a forceps (with strong flat blades, like those of the torsion forceps), the edge of that portion of the nail which is to be removed. I then pass a probe with a thin flat extremity beneath the nail, close to the fungus, as high as it can go, taking care to direct it towards the outer edge of the nail; this enables me to judge how far the nail is detached. I then take a strong crooked scissors, of a large size, with one sharp-pointed blade; this I introduce beneath the nail, as far as the probe has directed me; with one stroke of the scissors I then cut off all this detached portion of the nail, while, by means of the forceps, I draw it away with moderate force. Should this attempt fail to remove it, I then re-examine the part with the probe, and again introduce the scissors, as high as they can be pushed; a second cut will then complete the separation, and admit of the easy removal of this part of the nail; this second attempt is sometimes attended with a sharp momentary pain, as the point of the scissors often enters a short distance into the sensitive matrix. The portion of detached nail presents no change of texture whatsoever; but a few drops of blood follow this operation. The only dressing required is a small bit of dry lint, which is to be pressed firmly with the probe between the fungus and the edge of the nail.

Mr. Colles has never met with a case of relapse after this operation; but he acknowledges that it does not always succeed at once; for occasionally, on the fourth or fifth day, a small portion of whitish substance, like soft and swollen leather, is seen rising up through the fungus. This must be seized with the torsion forceps, and excised with a single cut of the scissors, after which the case will proceed to a perfect cure.

ONYCHIA MALIGNA OF THE GREAT TOE.

Mr. Colles likewise describes, in this number of the "Dublin Journal," the plan of treatment of malignant onychia, which, he assures us, he has pursued for some years, with invariable success.

I confine the patient to bed, and direct a poultice to the toe for two or three days; I then cleanse the ulcer carefully, by directing on it, from some height, a small stream of tepid water from a sponge; I next cut away as much of the loose nail as I can, without paining or irritating the sensitive surface around, and then I fumigate the part by means of the mercurial candle, containing one drachm of the hydriodate of sulphuretum rubrum (olim cinnabar), to two ounces of wax.* This fumigation is to be applied night and morning, and, after each, the toe should be gently enveloped in lint or linen, lightly spread with ung. spermaceti. In four or five days the patient will express himself as considerably relieved; the discharge from the ulcer will be found of a healthy, purulent character, and the appearance of the whole part much more favorable. The fumigation is still to be persevered in, and all projecting portions of nail to be closely cut; I consider this latter direction as very essential, as thereby the mercurial fumes can have more free access to the surface of the ulcer. In proportion as the ulcer improves, it is interesting to observe, so does the condition of the growing nail; it acquires not only its natural firm and horny consistence, but also assumes its proper horizontal direction. For some time after the general surface of the ulcer has been healed there still remain small spots of ulceration, generally at the angles, around some white germs of new nail; against these points the full force of the mercurial vapor should be directed; this can be effected by adding a small conical ivory tube to the funnel.

During the treatment the patient must *absolutely* abstain from walking or even standing on the affected limb.

ONYXIS—THE NAIL GROWN INTO THE FLESH.

M. Gerdy does not approve of the avulsion of the nail as a means of curing this painful affection. The nail soon grows again, and with its growth returns the disease. Neither does he approve of the plan of contracting the point of the nail. Matters soon become as bad as ever. Neither is the plan of proceeding, according to which the diseased cushion of parts to the outside of the nail, although superior to the other two, to be greatly commended. The continual pressure upon the pulp of the toe by and by forces a new portion of flesh into contact with the nail, and renewed pain demands renewed interference from the surgeon. "The true and rational method of dealing with the affection," says M. Gerdy, "is to remove at a stroke, and obliquely, even beyond the middle of the pulp of the toe, the lateral and inferior parts which rise to suffer pressure from the edge of the nail, and to ulcerate under it."—*Lond. and Edin. Monthly Journ. of Med. Sci.*

ON THE COMPARATIVE FREQUENCY OF THE MORNING AND EVENING PULSE. BY DR. STRATTON.

The old opinion on this subject was, that the pulse in the morning is slower than in the evening. Dr. Knox was the first who denied this; and from experiments performed by Dr. Stratton, on himself, he comes to the same conclusion. The following are the different views on this question:—

1st. That the pulse is slower in the morning than in the evening.

2nd. That it is of the same frequency in the morning and evening.

3rd. That it is slower in the evening than in the morning.

4th. That in two-thirds of cases it is slower in the evening, and in one-third it is quicker.

To these, Dr. Stratton is inclined to add a

5th. That out of seven days it is quicker in the morning on six, and slower on one day.

To give a more precise idea of Dr. Stratton's experiments we insert some of his tables.

Table 1st. In thirty-four daily observations (from the 18th of November to the 24th of December, 1841),

on twenty-nine days, the morning pulse was higher than the evening, and on five days it was lower.

---

* See Colles's Practical Observations on the Venereal Diseases, p. 59.

	Beats.	Difference.
The highest morning pulse was	91	4
„ evening „	87	
The lowest morning „	68	5
„ evening „	63	
The average of the morning pulse was	82	9
„ evening „	73	

According to this series, the morning pulse is higher than the evening, except once, in nearly every seven days, or in six days and four-fifths more correctly. The other tables show nearly the same result, and we shall merely give

Table 7th, which is the mean of the experiments made by Drs. Knox, Guy, and Stratton.

		Morning Pulse.	
	No. of Observations.	Higher.	Lower.
Dr. Knox . .	7	7	0
Dr. Guy . .	3	2	1
Dr, Stratton .	7	6	1
	—	—	—
	17	15	2

So that, by this table, the morning pulse is higher than the evening, except once in eight and a-half, or twice in seventeen days.

It would be desirable to have additional observations on the pulse in a state of disease, and on the pulse of women, both in health and disease.—*Abridged from Edin. Med. and Surg. Journ.* for January, 1843.

ON THE EFFECTS OF THE HYDROCYANATE OF ZINC IN NERVOUS DISEASES. BY DR. AUGUSTUS BARTELS.

The writer gives the particulars of three cases—one of epilepsy; one of a strange form of hysteria, approaching to mania at times; and one of eclampsia, a convulsive or epileptiform disease, in which the medicine above named was employed with the best effects. It was generally begun in doses of half a grain twice a-day, and gradually increased, till two grains were taken three times a-day. This preparation seemed to succeed in cases where the sulphate of zinc, sulphate of copper, and ammoniuret of copper, had failed.

Dr. Bartels, however, found that the hydrocyanate of zinc could not be borne in every instance. He gives the brief particulars of a fourth case, in which doses so small as one-fourth and even one-eighth of a grain occasioned vertigo and severe vomiting, so that the medicine had to be abandoned.—*Hufeland's Journal*, Jan. 1843.

TWO CASES OF POISONING FROM THE APPLICATION OF A CERATE CONTAINING ARSENIC PREPARED FROM NEWLY MADE WAX CANDLES. BY DR. ERRARD.

A man, fifty-three years of age, who was suffering from pneumonia, but was convalescent, had two blisters applied, one on each arm. The wounds were both dressed with ointment. Next day, Dr. Errard was sent for early in the morning, and on his arrival he found the patient in the following state:—The arms were painful; the tongue was red, dry, and cracked; he had urgent thirst, with a quick, small, and irregular pulse; pains in the abdomen, but no purging; and involuntary contractions of the muscles of the inferior extremities; there was also headache. The patient died in the evening. Dr. E. suspected poisoning; but on the relations denying that he had taken anything hurtful the investigation was not pushed further. The second case happened eight days after the one just related. A blister was applied on the thigh of a young woman, who complained of headache from suppressed catamenia; it was afterwards dressed with ointment, which caused such pain that the dressing was removed. Upon Dr. Errard's visiting her, he found her complaining of great thirst, with nausea and pain in the epigastrium. The tongue was red, the wound was inflamed, and there were twitches in the limbs. In a few days she was quite well. In a child the application of an ointment to a sore on the nose increased rather than improved the ulcer. On inquiry, it was found that in all the cases the ointment was got from the same shop, and that it was made from wax candles containing arsenic. No chemical examination of it, however, took place; but the cases, Dr. E. says, may be of use in informing the public of the composition of these candles, as in almost all the villages a cerate is made from the remains of the lights employed in the churches. Lately, the candles have been made from lead hardened by arsenious acid.—Abridged from *Gaz. Méd. de Paris*, 5th of Nov., 1842, *in Edin. and Lond. Journ.*

CONSEQUENCES OF A STING IN THE EYE. BY DR. KRIEG.

A man of sixty had been stung, about five weeks previously, by a bee, in the left eye. The sting was believed to have been taken away by the patient's ordinary attendant; but matters went on from bad to worse, and it seemed as if the eye must be lost. On examining the eyeball very attentively, an elevation, the size of a millet seed, was perceived nearly in the centre of the cornea, and this, upon being touched laterally, was found to contain something hard, which proved to be the entire sting of the bee. In a month the cornea had so far recovered its transparency that the iris could be seen through it, and by degrees the eye was completely restored.—*Casper's Wochenschrift*, No. 48, 1842.

URGENT MEDICAL RELIEF.

A medical gentleman, not a district officer, residing in a country town, was called in to attend an accident, a sudden case of emergency in a district where there are a number of collieries and railways; the guardians desired to know whether they were authorised in such a case to pay the charges. The following is the reply of the poor-law commissioners:—

The commissioners are of opinion that in case of sickness or accident requiring immediate medical and surgical attendance, and when the services of the medical officer cannot be promptly obtained, the relieving officer may employ any other medical man to attend the case. (*Vide* general order of the 21st of April, 1842, art. 20, No. 3.) They also think that in a case of urgency of this nature, in which, in the absence of the medical officer, another medical man attends without an order, the guardians would be justified in paying him for such attendance, provided they subsequently decide that the person so attended was at the time in a destitute condition. As to the amount of the charge for medical attendance in such a case, that must depend upon the circumstances of each case, and must be settled between the medical man and the guardians. The fees prescribed by articles 10 and 13 of the general medical order referred to medical officers only. The relieving officer ought to attend the case immediately, and the medical officer of the district be directed to take the case under his charge as soon as practicable.

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. Cullen, M.D.

April, 1843.

Mean of External Thermometer at 9, a.m.	49·35
„ „ „ at 9, p.m.	43·52
Maxima	54·36
Minima	41·85
Mean daily Range	12·93
Highest Extreme	63·
Lowest „	32·50
Absolute Range	30·50
Mean of Barometer at 9, a.m.	29·814
„ „ at 9, p.m.	29·162
Highest Extreme	30·131
Lowest „	29·312
Absolute Range	·819
Mean Dew Point at 9, a.m.	40·3
„ „ at 9, p.m.	39·88
Number of Days on which any Rain fell	14
Quantity of Rain in Inches	4·43
Number of Days Fine	15

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
—	—	—	6	6	5	1	12

The Thermometer fell lowest on the 12th, when snow fell; the wind from N.W.

MEDICAL APPOINTMENTS.

Dr. Martin H. Lynch, of Delahay-street, to be physician to the asylum at Hammersmith, under the charge of the "Sœurs de Charité du Bon Pasteur."

Messrs. Reece, of Piccadilly, to be apothecaries to the same institution.

CHESTER INFIRMARY.

Mr. Brittain was unanimously elected one of the surgeons to the Chester Infirmary, on Tuesday, the 16th inst., in the room of S. N. Burnett, Esq., resigned. The latter gentleman has held his appointment since 1801, and has been made consulting surgeon.

LIEBIG A MANUFACTURER OF PALE STOUT.

The last application of Professor Liebig's views is contained in the following advertisement:—

"*Bavarian Pale Stout.*—This excellent malt liquor, brewed upon principles *personally explained* by Professor Liebig to the manufacturers, has the brightness, purity, agreeable flavor of a well matured wine. By the process adopted," &c. &c.—*Vide advertisement.*

RESULTS OF HOMŒOPATHY.

We regret to state that another of the Earl of Denbigh's family has fallen a victim to the theory of infinitessimal doses. His lordship's third son died, last week, from accumulation of mucus in the air passages, the result of hooping cough. An emetic is usually employed in cases of this kind to free the bronchia; but whether the homœopathic fractions of ipecacuanha produced this effect or not we have not heard.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Wednesday, May 10, 1843.

R. B. Yeats, G. Gwillim, C. L. Prince, H. E. Brewer, J. Pickop, J. P. P. Chambers, T. W. Rimell, J. Sykes, T. R. Wheeler, E. Armstrong.

Friday, May 12, 1843.

D. Perkins, F. Tinker, F. Taylor, R. A. Bankier, T. Seccombe, H. Willats, R. H. Russell, A. Gottreux.

Monday, May 15, 1843.

B. Pinchard, F. R. Rose, T. S. Fletcher, J. W. Savage, W. Hobbs, F. Hetley, C. H. Brooking, J. Eddison, S. Fenwick, J. Smart, R. H. Boodle, W. Haswell, W. Clayton, H. W. Watling, J. Barrow, J. St. J. G. Parsons.

APOTHECARIES' HALL.

Licentiates admitted Thursday, May 18, 1843.

John Trevarthen Pearce; Charles Bond; Richard Dering. Adams; Henry Martin Holman; Henry Samuel Wharton; Charles Hooper, London; James Poyntz Mc Donald; Francis Berrington, London; William Folwell, London; Horatio Stokes, Gibralter; William Michael Neale, London; Edward Russell; Hugh Bell; Nathaniel Buckley; Thomas Edward Drinkwater; Edmund John Ludlow Whitmore.

Gentlemen desirous of having the "Provincial Medical Journal," forwarded to them by post, may send a post-office order to the Publisher, 356, *Strand, London.*

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TO CORRESPONDENTS.

The *Ipswich Journal*, with an account of an inquest held at Bury Gaol, has been received. We cannot perceive anything in the evidence which is in the slightest degree calculated to implicate Mr. Hubbard. The expression of opinions on *medical treatment*, by ignorant coroners and still more ignorant jurymen, is becoming an intolerable nuisance.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS TO DR. HENNIS GREEN, 58, MARGARET STREET,
CAVENDISH SQUARE, LONDON.

Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by Henry Renshaw at his residence, No. 356, Strand.—Saturday, May 20, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 139.] LONDON, SATURDAY, MAY 27, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES
ON
VENEREAL AFFECTIONS
DELIVERED
AT THE HOPITAL DU MIDI, PARIS.

By Dr. PHILIP RICORD.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE III.

March 28, 1843.

Classification of venereal diseases—Arguments for the identity of syphilis and gonorrhœa—Opinions of authors—Test of inoculation—Question of incubation—Opinion of the author—Gonorrhœa virulenta —Bubo—Consequences of gonorrhœa—Comparative frequency of gonorrhœa and chancre.

GENTLEMEN,—In the foregoing lectures I have divided venereal affections into two orders—the first, *non-virulent;* the second, *virulent;* and it now becomes my duty to state to you the reasons which have led me to adopt this classification.

The greater number of writers on syphilis describe two varieties of gonorrhœa—one, a simple catarrhal inflammation; the other, symptomatic of primary syphilis. This last is the point on which authors disagree. It is considered, by those who believe in syphilitic gonorrhœa, to be, in its nature, if not in its form, identical with chancre.

The reasons they adduce in support of this supposed identity are based upon several arguments; these we shall first enumerate, and afterwards shall treat of their comparative value. 1st, chancre and gonorrhœa have one common historical origin; 2nd, they derive their birth from the same source of contagion; 3rd, both present the phenomenon of incubation, and have a duration longer than is usual with simple inflammations; 4th, a kind of association exists between the causes of gonorrhœa and chancre, so that, from the same contamination, a patient will be first affected with chancre, and afterwards with gonorrhœa; 5th, bubo may succeed to both forms of disease; 6th, constitutional infection has been observed after the occurrence of both; and, lastly, for both a particular mode of treatment is required.

These pathologists, however, admit certain differences, which they explain by the variations in locality, by the degree of intensity in the morbid agents, and in the particular disposition of patients

Four opinions may, therefore, be said to divide the medical world on the point under consideration—1st, that which admits of the perfect identity of chancre and gonorrhœa; 2nd, that of Baumès, of Lyons, and others—namely, that although the same infecting cause did at one time produce the two effects—chancre and gonorrhœa—it has since lost the power of causing in an arbitrary manner these two affections, which will remain henceforth distinct; 3rd, the opinion of Benjamin Bell and Todd, who believed in the existence of *two* morbid poisons, one productive of chancre, the other of gonorrhœa; and 4th, our own opinion relative to the existence of urethral chancre, which, once admitted, would immediately remove all difficulties in the way of explanation, and cause all further discussion to drop. Our convictions, however, are not universally admitted; and we must, per force, examine the reasons our adversaries bring forward in support of the identity of chancre and gonorrhœa.

1. These two affections possess *one* common origin. To give this argument some value, it is obvious it would be required to state at what age of the world chancre was first observed. And here we find some authors who contend for its first occurrence in the fifteenth century; others maintain, with Dr. Cazenave, that its origin can be traced up to biblical antiquity. This first argument we must value as nought, until our opponents have settled the point among themselves.

2. The same source of contagion gives birth to both. Blégny and Vigarons have given cases of connection, in which several males had derived syphilis on the one hand and gonorrhœa on the other, from contact with the same source; such instances are now common, and easily explained. It must be stated that, since that invaluable instrument, the speculum, has come into more frequent use, a woman has never yet *once* been found to *give chancres* if she had *none.* It is equally well known that gonorrhœa may be the result of connection with a *healthy* woman; and many facts demonstrate that chancre, independently of its specific action, is also endowed with the property of acting *like any common irritant.* Furthermore, I have shown that virulent pus may be deposited in the genital organs of a woman, and conveyed to a third person without her having been infected. I have seen this happen, a man acting but as the mere vehicle; a young man had intercourse with two women on the same day; the first woman was diseased at the time of connection, the second became so shortly afterwards, the man himself remaining healthy. I know, however, such cases may admit of a different explanation, and, therefore, do not rest upon them in an absolute manner.

The pus of chancre may be separated from the sore which secreted it and yet retain its inoculability, for I have myself preserved chancrous pus six, eight, and even ten days in a tube, and, at the end of that period, made use of it to inoculate with perfect success.

Another well known circumstance will assist us in explaining apparently unintelligible facts. Inoculable pus must not only be deposited on lining tissues to produce a chancre, but these tissues must likewise be placed in particular traumatic or ulcerous conditions, which do not always exist; and when they are absent it is not to be wondered at if chancre be not the result.

We will conclude by observing that chancrous pus is invariably inoculable at a specified period of the existence of the sore; and, on the other hand, gonorrhœal secretions taken from *non-ulcerated* surfaces have, we state it with perfect confidence, *never* yet produced a chancre.

We have thus, Gentlemen, endeavored to prove the wide difference existing between gonorrhœa and chancre. Amongst our arguments there is one we should have mentioned, and that is the utter impossibility of transmitting chancre, in any of its forms, to animals, compared with the frequently spontaneous birth of gonorrhœal discharge in the brute creation, and its easy transmission from man to animals. This impossibility alone would suffice to show that the two diseases cannot be identical; but the impression left on the mind must be complete, when we remark that gonorrhœa communicated to animals never yet produced, in a single instance, any symptoms even bearing a remote resemblance to constitutional syphilis.

The third argument adduced by our opponents, in support of the identity of chancre and gonorrhœa, is the existence of incubation in both.

Were I to state my opinion that true incubation exists in neither one nor the other, pathologists, heedless of self-contradiction, would, no doubt, be found to urge this as a proof of their alleged identity. Let us discuss, however, this supposed incubation. Did any of you, Gentlemen, ever happen to observe a draught of air producing coryza, bronchitis, or pneumonia, in their period of status? I will venture to answer for you in the negative. The period called incubation, in gonorrhœa, is only, as in the above-mentioned instances, the time intervening between the invasion of disease and its status. In chancre, again, inoculation with the lancet has proved, beyond power of controversy, that *no incubation* exists, for the eye can follow the gradual formation and growth of the pustule and ulcer from the moment of the puncture to that wherein a well-defined primary syphilitic sore can be discerned.

But suppose incubation did really exist in chancre and in gonorrhœa, even that circumstance would be totally inadequate to demonstrate the identity of these two maladies; for we undoubtedly observe incubation in measles, small-pox, rabies, &c. &c., and yet no pathologist has hitherto been tempted to consider these affections as identical with each other.

One of my colleagues of this hospital, for whom I entertain the greatest respect and friendship, Dr. Puche, states that gonorrhœa virulenta is marked by the occurrence of a longer interval between the exposure to infection and the appearance of the discharge than in the benign form of that disease. This observation is perfectly correct. A chancre yields a very trifling secretion, which may escape unnoticed from the urethra, until such time as, after acting as a local irritant, it gives rise to a catarrhal flow from the meatus.

The attentive study of such cases had led Cullerier (senior) to conclude that the mildest forms of blenorrhagia were the most frequently followed by secondary infection.

The violence of the inflammation has been ever confounded with, and taken as a sign of, the virulence of gonorrhœa. Now this opinion we always have opposed, for we have constantly observed the contrary to be the case; chancre in the urethra giving rise to the most innocent looking forms of discharge.

On perusing Dr. Baumès's valuable work on syphilis, the reader is inevitably struck with the stress laid upon the nature of the discharge, from the preconceived notion of the chastity of the lady who communicated it. If connubial intercourse has given rise to it, the discharge is invariably qualified as mild, whitish, and of short duration; under contrary circumstances, it is described as violent, greenish, and persistent. Here, Gentlemen, lies a cause of error which cannot be too much guarded against, and which will be avoided if it be recollected that gonorrhœa may be communicated by a perfectly healthy person. We must also remark that women are never the first to complain of a discharge, the acknowledgement being one of a particularly unpleasant nature. They await patiently for an opportunity, and then lay the blame on a frequently innocent, and sometimes injured helpmate.

As to those instances in gonorrhœa observed after chancre, or chancre produced by the contact of a gonorrhœal discharge in the same patient without a fresh infection, they cannot be received with too much caution. In most cases, when the patient is not allowed to frame a theory of his own (for syphilitic patients mostly have a theory), which may lead the incautious surgeon now and then into the commission of error, it will be found that chancre and gonorrhœa are not consequences of each other, but had their origin at the same time and from the same infection.

Bubo, as a secondary affection, is said to follow both diseases in the same proportion. Here, again, Gentlemen, I refer you to the unbiassed observation of patients. You will find the buboes of gonorrhœa, when they do suppurate, to be simple phlegmonous inflammations, the secretions of which can never be inoculated successfully, whereas the suppurated bubo of chancre is generally inoculable—a fact easily recognised by the very characteristic appearance the abscess assumes after having been opened.

Another argument adduced by authors is, that constitutional syphilis has been observed after both gonorrhœa and chancre. What are the consequences of gonorrhœa? Ophthalmia, rheumatism, fever, epididermitis, stricture, rubeolic exanthemata produced by the exhibition of cubebs or copaiva. What are the results of chancre? Eruptions of the skin, of the visible mucous membranes, and disease of the cellular, fibrous, or bony structures of the human body; you perceive that the line of morbid consequences is in each case totally different. Besides, gonorrhœa is, perhaps, and John Hunter is my authority, fifty times more frequent than chancre. Why, then, if such be true, are not secondary syphilitic symptoms fifty times more frequent than they are? Discharges in women are, you know, Gentlemen, very common, yet constitutional syphilis is much more frequent in the male than in the female sex. Lastly all syphilographs (Dr. Cazenave excepted) agree that chancre is much oftener the cause of constitutional syphilis than gonorrhœa; and you will observe the contrary ought to be the case if these diseases were identical, on account of the greater frequency of gonorrhœa.

I shall now remind you of a case we observed in the course of last summer. A man entered the hospital for constitutional symptoms after *one* chancre only, the *first* he had ever been affected with. But in the course of his life he had had no less than *thirty-two* distinct discharges from the urethra, cured without mercurial treatment, and never followed by secondary symptoms. We will add that, at the present moment, thirty-eight cases of general syphilis exist in our wards, in none of which has gonorrhœa had anything to do with the development of the disease.

SECOND REPORT
OF
PRIVATE MEDICAL PRACTICE FOR 1841.

By CHARLES COWAN, M.D. E. and P.,
Physician to the Royal Berkshire Hospital and Reading Dispensary, &c. &c.

[*For the Provincial Medical Journal.*]

(Continued from p. 151.)

SPECIAL REPORT.

Chlorosis—Anæmia.—81 *Cases.*

Ages.—Under a year		1
	9 to 20	38
	20 — 30	33
	30 — 40	7
	40 — 50	2
		81

Anterior Duration.—Less than 6 months		34
	6 to 12 months	17
	1 — 2 years	13
	More than 2 years	17
		81

Average Duration of Treatment.—In 14 cases cured, 39 days; in 22 cases convalescent, 34 days.

Season.—January, February, March		15
	April, May, June	13
	July, August, September	33
	October, November, December	20

Result.—Cured, 19; convalescent, 27; irregular, 35.

State of the Uterine Functions:

Catamenia scanty, in general pale	33	Leucorrhœa in 7
Catamenia absent for more than one period	17	„ „ 3
Catamenia regular in color and quantity	10	„ „ 1
Catamenia profuse	6	„ „ 1
Had never menstruated	6	„ „ 1
Omitted	8	

This table shows the variable state of the uterine functions, coincident with a common condition of the general system; the latter, therefore, cannot be ascribed to derangements of the former. Leucorrhœa, it will be seen, existed in about one-sixth of the whole.

Bellows Murmur.—We have only registered it in 56 cases, but, since its presence formed the basis of our diagnosis, we do not doubt its existence in all. It presented the gradations of tone and intensity so often described, and more particularly adverted to in our former report—was more frequently present on the right than the left side of the neck—was chiefly seated in the veins, occupying, in most instances, the superficial and deep vessels, and, when discoverable in the carotid, presented the ordinary intermitting and blowing character.

Another year's analysis confirms our former statement, that however loud the murmur in the cervical vessels, no analogous sound can be detected over the heart, apart from cases of valvular disease; and we again revert to the fact, because at variance with the experience or assertions of almost every other observer. We have not met with a single exception up to the present moment, and, though the ordinary view was adopted by some of our medical friends, their subsequent results have been similar to our own.

In addition to what we have before stated, as to the precautions necessary for its detection, we may observe, that in cases where the anæmia is partial, and the sound feeble, it is a good plan to lighten the pressure on the stethescope gradually, and, at the last moment of contact, a soft, brief murmur will be heard, evidently in the superficial veins. The lower diameter of the instrument should be small.

Both sides of the neck should be examined in doubtful cases, and the research not hastily relinquished if at first unsuccessful. We have discovered it loud and distinct in cases where it was supposed absent by a previous auscultator.

The great practical importance of the sound is its indication of anæmia, and this in individuals where the ordinary external appearances might not have led even to the suspicion of its existence. On the other hand, its absence in cases where the general aspect of the patient would have justified the opposite inference, would be a strong fact in favor of the pallor depending upon some other condition, natural or acquired. We are more and more satisfied of the great practical value of this sign as a means both of diagnosis and treatment.

Diagnosis.—The term chlorosis is altogether objectionable. It would be far better to include every case where the bellows murmur could be discovered under the general head of "anæmia," without reference to the local symptoms.

Treatment.—With scarcely an exception, it consisted in the administration of the sesquioxyde of iron, in doses from half a drachm to a drachm, twice or three times a-day, with or without an equal quantity of the compound spirits of ammonia. The bowels were regulated by aloetic aperients, conjoined with the sulphate of iron, and occasionally with calomel. Gastric and head symptoms were relieved by an emetic, and local pains by warm plasters, opiate and irritant embrocations, mustard poultice, or a blister. The diet was dry and nutritious, and everything done to invigorate the general health. One great practical difficulty is to secure regularity and perseverance in taking the medicine, and the bulk of the sesquioxyde forms the principal objection to its use.

It may not be unprofitable to the student if we glance briefly at some other preparations of steel which experience has sanctioned.

The muriated tincture is a cheap, convenient, and efficient form, in doses from twenty to sixty drops twice or thrice daily, given in water, infusion of ginger, or quassia. We have principally employed it during the past year.

Dr. Mc Divitt, in his Report of the Kent and Canterbury Hospital, is very partial to the following draught:—

Muriated tincture of iron, half a drachm;
Tincture of hyoscyamus, one drachm;
Tincture of aloes, half a drachm or a drachm;
Infusion of quassia, ten drachms. Mix. Three times a day.

The acid solution of the oxysulphate of iron is a still more agreeable form, and has been extensively used by the practitioners of Derbyshire and the North of England, and admits of convenient combination with the sulphates of magnesia and soda.

Mr. Dyson gives the following formula:—

Sulphate of iron, two to three drachms;
Nitric acid, three drachms;
Distilled water, one ounce and a half. Mix.

Rub the acid and salt together in a glass mortar for a quarter of an hour, then add the water gradually, and strain through paper; of this the dose is from five to twelve drops twice a-day.

The persesquinitrate of iron is an elegant form, and, like the muriate, and probably also the preceding, is well adapted for cases where the bowels are irritable, and other chronic mucous discharges are present. It is particularly recommended by Drs. Graves, Kopp, and Adam under these circumstances. (*Vide* Dr. Graves' "Clin. Med.," p. 672; also "Amer. Jour. Med. Sci.," May, 1839, p. 61.)

The lactate and citrate of iron have been recently much praised, but we have no personal experience of their value. The latter admits of convenient combination with alkalies.

The "aqua chalybeata" of Messrs. Bewly and Evans, Dublin, contains thirteen grains of the citrate to the pint, dissolved in water highly charged with carbonic acid and flavored with orange-peel. It is highly recommended as a most grateful and refreshing chalybeate.

The acetate of iron of the Dublin Pharmacopœia, made by digesting for three days one part of the carbonate of iron in six of acetic acid, is a favorite preparation with many practitioners in Ireland. Dr. Perceval, who was much attached to it, used to prescribe it in asses' milk.

Dr. Lane, in his compendium of Materia Medica, insists on the value of giving alkalies with steel. The following powder, he says, will secure all the good effects of a chalybeate, and more certainly than in large quantities when uncombined:—

Sesquioxyde of iron, five to ten grains;
Sesquicarbonate of ammonia, two to three grains;
Sesquicarbonate of soda, ten grains. Mix.

Dr. Ashwell has, in a "variety of cases," where the sulphate and other preparations of iron disagreed, given the subjoined powder, once or twice a-day with success:

Sesquioxyde of iron, eight grains;
Ipecacuanha, one grain;
Mercury with chalk, two grains. Mix.

The sulphate of iron administered in the effervescing form, with the carbonates of soda or potass, and thus reduced to the protocarbonate, is well worthy of attention.

Mr. Donovan ("Dub. Jour.," Mar., 1840, p. 159) recommends the protocarbonate to be given as follows, for extemporaneous use:—

Blue sulphate of iron, in fine powder, half an ounce;
Calcined magnesia, two scruples;
Water, six ounces;
Tincture of quassia, two drachms. Divide into six draughts, one to be given night and morning.

The ferri carbonas saccharatum of the Edinburgh college ("Christison's Dispensatory," p. 425) is a powerful and excellent medicine. Dr. Clarke found it to surpass greatly the sesquioxyde in energy. The dose is also smaller; from five to thirty grains.

The "ferri iodidi syrupus" is deserving of adoption both as regards accuracy and elegance of prescription. A saccharine iodide, obtained by drying up the syrup, Dr. Christison considers should replace the present preparation.

We are indebted to the same source for an improved formula of the celebrated Æthiop's martis, under the name of "ferri oxydum nigrum," which has not yet been subjected to a practical trial.

It is also probable that the anhydrous sesquioxyde of iron, recommended as an antidote against arsenic, would prove a very excellent chalybeate.

There is much evidence in favor of the following pills, which are similar to Bland's antineurotic pills, forty-eight of which were considered sufficient for the cure of a chlorotic patient:—

Powder of tragacanth, six grains;
Mucilage of acacia, seven drops. Mix, and add
Powdered sulphate of iron, a drachm and a half;

rub well together, and then add a drachm and a half of

Subcarbonate of potash. To be made into twenty pills. One to be taken night and morning.

The "ferruginous pills" of M. Vallet, reported on by M. Soubeiran, in the "Bul. Med. Gen. de Therap." Mar. 1838, are essentially similar to the preceding, and less susceptible of oxydation.

Dr. Osborne has analysed the far-famed "Widow Walshe's pills," and they consist principally of a sulphate of the peroxyde of iron.

Dr. "Heberden's ink," as it was called, is composed of

Crown bark in coarse powder, eight ounces;
Filings of iron, four ounces;
Columba root, sliced, three ounces;
Cloves, bruised, two ounces. Digest for three days in boiling water sufficient ultimately to yield three quarts of mixture. Filter this, and add
Compound tincture of cardamoms, one pound two ounces;
Tincture of orange peel, two ounces. One to two ounces two or three times a-day.

It is rather a preparation of cinchona than of steel, and must be regarded as unchemical.

The steel sugar plums for children are not to be despised, as well as the steel bread before alluded to. Indeed, nothing is trifling which lightens the burden of taking physic, and which facilitates the use of therapeutic agents. The practitioner who possesses the tact of efficient and pleasant combination has many claims to public favor and support over his equally informed but less chemical neighbour.

Mr. Knight has recently directed attention to the strong chalybeate spring of Dorton, near Brill, in Buckinghamshire. The climate is dry and bracing, and the situation elevated. ("Prov. Med. and Surg. Journ.")

Professor Liebig's views on the effects of iron on the due oxygenation of the blood, go far to explain the admitted importance of this agent in all cases characterised by a deficiency of coloring matter.

The case registered "less than a year old" was in every respect an example of pure anæmia, and is the only well marked instance of the kind so early in life and apart from local disease which we have met. There was also a remarkable congenital hypertrophy of the tongue, which protruded from and filled up the mouth, presenting a bloodless gelatinous look, and imparting to the face an almost disgusting appearance. The child exhibited no indication of visceral disease, was not emaciated, and became faint and uneasy in the upright posture. The use of small doses of sulphate of iron and calomel for two months surprisingly improved its appearance, and restored color and vigor to the whole frame. The volume of the tongue was only slightly diminished. We afterwards lost sight of the case.

Bronchitis.—84 *Cases.*

Sex.—41 males; 43 females.

Ages.—(Extremes, 3 months and 75 years.)

Under a year	5
1 to 5 years	4
5 — 10	5
10 — 20	7
20 — 30	13
30 — 40	14
40 — 50	15
50 — 60	8
60 — 70	6
70 — 80	5
	82
Omitted	2
	84

The above results are almost identical with those of the preceding year in every particular, indicating the uniformity of the laws which govern diseased as well as healthy action. Bronchitis is especially frequent in the middle and later periods of life; and, comparing the whole number of males with females, the former are much more frequently attacked than the latter.

Seasons.—Winter, 17; spring, 15; summer, 29; autumn, 21.

These results are not in accordance with those of the preceding year, the admissions being fewest in the summer of 1840, and most numerous in the spring and autumn. We cannot trace sufficient differences in the temperature, atmospheric pressure, amount of rain, or direction of the wind, satisfactorily to account for this variation, though the summer months of 1841 were colder and moister than in 1840.

Occupations.—They admit of no useful classification; the great majority were employed in-doors.

Anterior Duration.—Under a month	35
1 to 6 months	31
6 — 12	5
1 — 5 years	3
Above 5 years	5
Omitted	5
	84

Result.—Cured, 19; convalescent, 21; relieved, 11; irregular, 31; omitted, 2.

Anterior Duration of Treatment.—16 cases cured, 15 days; 19 cases convalescent, 13 days; 10 cases relieved, 12 days.

Treatment.—In no instance was bleeding, either general or local, prescribed. We feel surprised, when perusing the writings of others, at our infrequent recourse to sanguineous evacuations in this as well as in many other forms of disease. We cannot attribute it to system, having formed none upon the subject, and having no theoretical objection to such a mode of relief; at the same time it has never been practised merely because recommended, having sought in the use of this, as well as of every other active remedy, those rational indications which can alone justify their employment, and without attention to which the practice of medicine becomes blind empiricism. It must be remembered that a very large proportion of our cases was subacute and chronic, and the general character of our local disease, more particularly among the poorer classes, inclines to the asthenic condition. The result may also depend on the presence of temporary and seasonal depression of strength, and might not occur again. We are, however, inclined to think that sanguineous depletion is often too lightly advised, and its after consequences not sufficiently considered. It is a remedy easily applied, is in popular estimation, forms part of the favorite combination of "active treatment" (as if the real merits of treatment were in proportion to its vigor), and often produces immediate relief. Theory has also, at different times, exerted a powerful influence; and the inflammatory hypothesis has, of late years, enjoyed no small amount of popularity and support. It is, perhaps, now rather upon the wane, but theory of some sort must ever prevail; and we may soon have to combat the tendency to relinquish a means, of which, when rightly applied, manifold experience has amply testified the value.

In only 4 cases was a blister prescribed, and counter irritation of a milder kind was had recourse to in very few instances.

Emetics were administered in 21 cases, and, we think, with advantage. Our general indications were the symptoms indicative of a congested condition of the stomach and chest, whether accompanied with profuse or deficient bronchial secretion.

The ordinary class of expectorants was rather sparingly exhibited, with the exception of ipecacuanha.

The combination of quinine, conium, and ipecacuanha, was very frequently of much service. Equal parts of the muriated tincture with cantharides and henbane we can also recommend; and in some cases of an acute character, and especially with rheumatic taint, the combination of the hydriodate of potass with the caustic solution and opium proved very serviceable.

Threatening cases in children, with hectic, emaciation, frequent cough, and dyspnœa, have certainly quickly rallied under the use of small and repeated doses of calomel and quinine, combined with other accessory means—such as the warm bath, mild external opiate, emollient or irritant applications, and a carefully regulated diet; while against the sequelæ of measles and hooping-cough we know no better combination than that of calomel and ipecacuanha, as recommended by Dr. Cheyne.

We shall now direct the student's attention to some practical results of other observers, selecting those which are least adverted to in our standard treatises upon the subject.

Dr. Watson, of Bath, physician to the Institution for Diseases of the Chest, speaks favorably of small and repeated doses of ipecacuanha and colchicum in acute bronchitis.

The following emulsion is a favorite American remedy in chronic cases with copious viscid secretion:—

Nitric acid, one drachm;
Water, four ounces;
Gum ammoniac, one drachm. Mix. Half an ounce in any fluid vehicle three or four times a-day.

The decoction of polygala with the etherial tincture of lobelia, in said to act like a charm by Mr. Curtis, where expectoration is difficult and dyspnœa urgent ("Lancet," Dec. 8th, 1838).

In a severe case, with copious diaphanous tenacious expectoration, Mr. Wardleworth ("Lancet," March 23, 1839) successfully administered—

Tincture of ergot of rye, two drachms;
Syrup of poppies, half an ounce;
Water, one ounce and a half. Mix. A teaspoonful every second hour.

Dr. Venables ("Med. Gaz.," April 27, 1839) says "I know of no remedy more beneficial in hepatic affections and in those of the muco-pulmonary membranes generally, especially with hectic purulent expectoration, than the following:—

Bichloride of mercury, one grain;
Dilute hydrochloric acid, half a drachm;
Hydrochlorate of morphia, one to three grains;
Simple oxymel, mucilage of acacia, of each two ounces;
Wine of ipecacuanha, two drachms;
Distilled water, four ounces. Mix. A tablespoonful three or four times a-day.

In the Rev. Mr. Townshend's Elements of Therapeutics, we find the following singularly strong testimony (whether from a competent judge or not the reader must decide) in reference to the subjoined electuary:—"This, in the space of thirty-five years, I have prescribed to many hundred patients, and in some protracted, obstinate, and most distressing cases, yet I can affirm that, in no instance, as far as I can recollect, has it ever failed to cure:"—

Flowers of sulphur, powder of inula, and liquorice, of each one ounce;
Honey, four ounces. Mix. A teaspoonful three times a-day.

Sulphur is a very old and favorite medicine in chest diseases. A very similar form is strongly recommended by the celebrated Dr. Marryatt. "No single plan (says Dr. Little) is to be compared to counter irritation with turpentine. It may be applied in the most *acute* stage, and with bleeding and sweating, keeping the blowels free with cooling laxatives." He sponges the chest freely with the turpentine from two to six times a-day, and then carefully covers it with flannel.

A very experienced practitioner mentioned to me that he knew of no remedy so useful in the chronic bronchial affections of old people with copious secretion as the compound tincture of benzoin. His formula was—

Compound tincture of benzoin, two to four drachms;
Compound tincture of camphor, one drachm and a half to half an ounce;
Syrup and mucilage, of each two drachms;
Water, or almond emulsion, six ounces. Mix. Two tablespoonfuls three or four times daily.

Mr. Henry Rees ("Lancet," Nov. 16, 1839), says, "In attacks of acute upon chronic bronchitis, the iodide of potassium with potass and ipecacuanha are very valuable." The diet should be strictly farinaceous and vegetable.

Mr. John Brady, the intelligent medical resident of St. Peter's Hospital, Bristol, informed me that his almost invariable practice in acute and subacute cases was to give five grains of grey powder and a grain of ipecacuanha, with opium if indicated, two or three times a-day, continuing it three or four days, or more if necessary. Depletion was only employed to meet particular indications, and in chronic severe cases a blister was conjoined with nourishing diet. In instances not requiring confinement in bed his favorite pill was a grain of ipecacuanha and half a grain of opium three times a-day. Mr. B. had great confidence in the above plan, and we can ourselves speak very favorably of its efficacy. Many other observers recognise the value of mercury under similar circumstances; but perhaps the majority, either from theory or habit, are disposed practically to limit its use to parenchymatous inflammation.

Dr. Christison says, "I do not know a better remedy for catarrhal coughs of all kinds than the following:—

Syrup of squills, mint water, of each two ounces;
Ammoniated tincture of opium, three drachms to half an ounce;
Compound spirits of lavender, three drachms to half an ounce. Mix. A tablespoonful to be taken every five hours.

Dr. Henderson ("Med. Gaz.," May 9, 1840) states that, after many years' extensive experience, he thinks the use of lead most valuable in all cases, in children as well as in adults, where the secretion is copious. The quantity for an adult has not exceeded twelve grains in twenty-four hours, in doses from one to three grains, occasionally combined with Dover's powder or squill. In children the common dose varied from one quarter to one grain eight or ten times a-day. In no instance did he observe any bad effects. We have adopted this plan in some cases with advantage.

Dr. Watson ("Lancet," September 18, 1841), in cases with profuse glairy secretion, advises the balsams, particularly the compound benzoin tincture. He suggests creosote internally and by inhalation, as likely to be useful, and, where no fever was present, has derived great benefit from two to three grains of the sulphate of iron in infusion of roses three times a-day.

In the sinking stage, Mr. Braithwaite ("Retrospect of Med. and Surg.," 1839) says that the combination of a spirituous tincture of lobelia with ammonia is superior to all expectorants.

Dr. Davis ("Obst. Med.," vol. ii.) was very partial to the following mixture in all cases of thoracic disease in children, after depleting measures had been premised:—

Chlorate of potash, fifteen grains;
Dilute hydrocyanic acid, two drops;
Syrup of red poppies, two drachms;
Mint water, three ounces. A sixth part every four hours for two years of age.

In chronic pituitous catarrh with œdema, Dr. Wetherhead considers digitalis our sheet-anchor, either in infusion with the nitric æther, or in powder with the bitartrate of potass. The infusion of digitalis with the ammoniated tincture of iron, as advised by Dr. Holland, would be highly applicable under similar circumstances. The effects of cubebs on membranous disease may render it serviceable in chronic bronchial affections, and its combination with the sesquioxyde of iron is not unworthy of attention.

The endermic application of morphine and belladonna to allay pulmonary irritation is also deserving of the student's remembrance; and in children particularly, opiate embrocations, as recommended by Dr. Bow and others, are very valuable additions to our therapeutical resources. Perhaps in chronic cases we are too apt to neglect the benefits to be obtained by permanent drains, so frequently advised by the older writers. We have known great relief to follow a caustic issue in the arm, and, in the retrospect of some obstinate cases, regret we have not more frequently advised it.

The above scattered fragments of experience may furnish the busy practitioner with some available hints. We are not attempting to lay down any systematic rules for the treatment of bronchitis; but to those who may wish for a powerful practical exposition of the subject, we would particularly recommend Dr. Stoke's excellent treatise in his work on Diseases of the Chest.

[*To be continued.*]

CASE
OF
HÆMORRHAGE FROM THE MUCOUS SURFACES,
FOLLOWING THE
EXHIBITION OF MERCURY,
WITH REMARKS ON THE MODE OF ACTION OF MERCURIALS IN GENERAL.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Should the following communication appear of sufficient interest, its insertion in your Journal will oblige.

I am, Gentlemen,
Your obedient servant,
C. Radclyffe Hall.

Holmes Chapel, Cheshire,
May 15, 1843.

Thomas Roylance, aged twenty-two, a bricklayer, of strong muscular habit, and previously healthy, never subject to hæmorrhage, contracted gonorrhœa, and, on noticing the discharge, applied to a druggist; complained to him that he had a swelling in his groin. The druggist informed him that he had got "the real disease," and not a "clap," and prescribed some pills, and a mixture of corrosive sublimate, copaiba, and spirits of nitre.

4th day. Had been purged by the medicine; felt very weak, and his skin had become yellowish.

7th day. For the last two days the mixture caused vomiting, and considerable pain in the abdomen; nose began to bleed, and in the evening slight ptyalism commenced; applied to a farmer, who professes to stop bleeding by a *charm*.

8th day. I first saw the patient. The gums were spongy and bleeding; thin blood oozed in drops from the nostrils; the skin and conjunctivæ were yellow; the trunk and extremities covered with petechiæ; the urethra discharged matter, but the urine was passed without scalding; one of the inguinal glands slightly enlarged; pulse 80; bowels confined. To take sulphate of magnesia in infusion of roses, with an additional quantity of acid.

9th day. Epistaxis increased; vomits and expectorates blood; hæmaturia; bowels not opened. A colocynth pill every third hour.

10th day. Bowels have acted several times; chamber vessel contains about a pint of unmixed blood, loosely coagulated, which was voided by the urethra; the man spits blood incessantly; epistaxis profuse; the blood dark, grumous, and very thin; face and conjunctivæ of a lemon color; surface of skin and tongue cold; pulse very frequent, but scarcely to be felt; blood drops from the orifice of the urethra; petechiæ of a yellowish-green hue.

On raising him upright, with the intention of plugging the nostrils, he fainted completely; the nostrils were then plugged, whilst his head was hanging down over the edge of the bed. Tincture of opium, forty minims; tincture of sesquichloride of iron, one drachm, were given in water; brandy, yolks of eggs, and lemon-juice, supplied every few minutes, and another drachm of the tincture of iron, administered in doses of twenty drops during the next two hours. I now saw him again. Blood still dropped from the urethra, but he had ceased to spit any. To take a tablespoonful of lemon-juice every hour, eggs and port wine frequently, and an ounce of the following mixture every two hours:—

Sulphate of alumina, two drachms;
Dilute sulphuric acid, three drachms;
Tincture of opium, one drachm;
Water, seven ounces and a half. Mix.

14th day. Omitted the wine for last two days, but still continued the mixture and lemon-juice; petechiæ and yellowness of surface gone, and hæmaturia now for the first time ceased.

The plugs were removed from the nostrils. With good diet and the country air he soon regained strength. The clap still remained, the urethra discharging thick matter in some quantity. It yielded readily to the usual remedies.

On referring to the excellent work of Dr. Pereira—perhaps the most complete of our modern treatises on materia medica—I find mentioned, amongst other effects of the long-continued use of small doses of the bichloride of mercury, "dry cough, pain in the chest, disordered respiration, and bloody expectoration." Beyond this, no notice is taken of hæmorrhage as an occasional consequence of the administration of mercury. Such an occurrence is well exemplified in the case I have related. In many respects the symptoms bore considerable resemblance to those of scurvy. On this account lemon-juice was given, and I believe with advantage. It is interesting to note that there was no discharge of blood per anum, though a profuse one from the urinary organs, usually less prone to hæmorrhage than the intestines. Their greater tendency in this instance might be owing, in some measure, to the pre-existing gonorrhœal inflammation. The alteration of the blood from its healthy condition was manifested in its dark brown color, its thin, too fluid state, and its imperfect, loose coagulation. In a patient who had undergone several courses of mercury, given in small doses, for disease of the liver, and who was twice attacked with epistaxis, and died in consequence of the last attack, the drops which trickled from the nostrils were of a reddish-brown hue, and so thin and watery as scarcely to discolor linen.

However difficult the attempt to define the precise nature of the physiological action of remedies, the difficulty is, perhaps, attributable more to the numerous modifying circumstances under which a given remedy is administered than to any want of uniformity in the mode of operation itself. Whilst one writer considers mercury an excitant, another a sedative, a third a tonic, the truth appears to be that it may act as any of the three, according to circumstances. When a person of lymphatic temperament suffers great languor and depression, perhaps faintness, after taking a purgative dose of calomel, we cannot consider his state one of general excitement. When there succeed to the continued use of mercury, restlessness, headache, anorexia, nausea, hot, dry skin, and frequent pulse, such a condition but ill accords with the ideas attached to the effects of sedatives. Still less will the supervention of mercurial cachexy allow us to consider the mineral invariably a tonic.

The revival of the best parts of the humoral pathology by Liebig, especially by his doctrine of the metamorphosis of the blood from the introduction of an animal poison, together with the results of researches in this country on the actions of poison,* once more invest the blood with the interest formerly attached to it as an important agent in the production and removal of disease. We have sufficient evidence that mercury acts upon every system in the body. It will increase diminished or check inordinate secretion; it will lower the pulse, or accelerate it; allay spasm, and induce palsy. Is it from a difference in the mode of action, or in the parts primarily acted upon, that, under given conditions, these varying effects ensue? or, is the mode of action invariably the same, and the variation in result owing to accidental causes of modification in the medium of action and tissues of the body?

We have undoubted proof that in some cases mercury produces an alteration in the constitution of the blood. Does it do so in all? When it exists, does the abnormal condition of the blood arise from, or depend upon, the alteration of the various secretions over which mercury has so much influence? or, *vice versa*, are the secretions affected in consequence of the peculiar state of the blood which is antecedent in the chain of causation, the effect upon the secreting organs, or that upon the blood? That mercurials may alter the secretions without apparently vitiating the whole mass of blood, is as certain as that the admixture of the drug with the circulating fluid must precede such an effect. But occasionally we have evidence of the blood being extensively changed *before* the secretions have undergone material alteration. In the case above, for example, the suffused yellowness of the skin ensued before the secretions had been sufficiently disordered to produce, on that account, general deterioration in the quality of the blood. Sir A. Chrichton explains the cure of syphilis by the simple antiphlogistic plan, and of fever by abstinence, on the supposition that those parts of the blood are not supplied which are susceptible of the metamorphosis produced by the existing animal poison. By a slight modification of this view, the rationale of the cure of the same disease by mercury is afforded. We have to assume that the mercury causes such a change in the elements of the blood as to incapacitate them from undergoing the metamorphosis which the animal poison would otherwise occasion. We give a mineral poison, of which the effects are manageable, to subdue an animal poison, of which the operation is less governable. The transmutation of the healthy blood being gradual, the changes gradually effected by mercury repeatedly taken into the system prevent further alteration of the vital fluid by the syphilitic virus. It is presumable that the poison may differ in its virulence, and the blood in the extent of its contamination, and consequently the disease in the facility with which it can be eradicated. If this be correct, the theory of J. Hunter, that mercury acts by exciting a new disease with which syphilis cannot coexist, is literally true.*

The purgative, chologogue, diuretic, and diaphoretic effects of mercury are, amongst others, referable to its power of augmenting the secreting action of different organs. The natural tendency of the system to expel what cannot be assimilated is vigorously exerted to depurate the blood of that which possesses so potent an influence over its elements; hence the increased action of the different emunctories. By repeating the remedy, however, the system becomes habituated to, and tolerant of, its presence, until the extensive deviation of the blood from its natural condition renders it a source of general irritation, producing that febrile excitement which commonly precedes ptyalism. If this excitement be superadded to high inflammatory fever it may increase the mischief. That under mercurial fever certain parts should assume a kind of inflammation, is only in accordance with the effect of continued vascular excitement from any other cause. The first effect of increased circulation in a healthy organ is increased secretion. One reason why the salivary glands are the first to evince this sub-inflammatory condition is, possibly, that in health, of all the glands the secretion of these is most readily excited; their organisation, too, being comparatively simple, we may suppose them to be endued with a less amount of vitality, and, therefore, of resisting power, than other more complicated glands.

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* British and Foreign Medical Review, Vol. xiv, p. 520.

* The poison of typhus is such that mercurial action can seldom be induced; but when salivation has been excited it is said that death has very rarely occurred (Copland, Pareira). Iodine may act in a somewhat analogous manner upon the blood, both in syphilis and tuberculosis.

Ulceration is invariably a sign of less power of resistance than the plastic effects of inflammation. The inflammation excited by mercury is essentially antiplastic. Sthenic inflammation requires for its elements increased power and organisable blood; mercurialisation, with its usual adjuvants, is efficacious, because the state of organs and of blood which it induces is opposed to both those conditions; but mercury is not equally serviceable to an ulcerating sore; when too long and too freely administered, ulceration is a very common form of the malaction to which it gives rise. In rapidly spreading chancre, in most ulcerations of the mucous membranes, to produce salivation is to increase the disease. Nor is the specific action of mercury usually curative in inflammation of mucous tissues, which are naturally prone to ulceration. The venereal ulcer which heals rapidly under a mercurial course, does so because the constitutional virus on which it depended being destroyed, or suspended for a time, the source of irritation, perhaps the matter secreted, being no longer contagious, is removed, and the sore is allowed to get well, "sublatâ causâ, tollitur effectus."

Whether the veins or the lymphatics are the agents of interstitial absorption, it is probable that their natural stimulus to the removal of parts is the lowered vitality of the molecules of which those parts consist. Thus, the exercise of any organ requiring an expenditure of the living force of its component molecules occasions the rapid absorption of these, and deposition of new in their stead—*i. e.*, promotes nutrition.* Febrile excitement is favorable to absorption, but opposed to assimilation, and, hence, of itself is attended by emaciation; but when conjoined with some degree of vascular over-action, the blood, lessened in quantity, is so altered as not to supply a healthy pabulum for nutrition, we should infer that the molecules of tissue, if any, newly deposited from such blood, would be endued with less vital force—would be less perfectly organised, in other words—and, consequently, sooner fall under the power of the absorbing agent. In practice, mercury is found to promote local absorption, *cæteris paribus*, in proportion to the imperfect organisation of the morbid product. Thus, the more recent the effusion of lymph in iritis, or any other "itis," consequently the less perfect its organisation and weaker its vitality, the more rapidly is it taken up.

Diseased products that are not subject to irritation—to alternate removal and deposition, such as malignant deposits—undergo no diminution from the action of mercury. The half-lymphy, half-puriform deposit effused between the laminæ of the corneæ, and into the anterior chamber of the eye, is often rapidly removed under salivation, but whether the absorption of pus when *fully* formed, when quite destitute of vitality, is assisted by mercurial action, is doubtful. The absorption of unorganised products, when it does occur, and subsequent admixture of these with the blood, as in cancer, phlebitis, cellulitis diffusa, &c., is, perhaps, always more a mechanical than a vital act. On theoretical grounds, then, we should not expect that mercury would promote local absorption, either where the product of disease is exempt from the laws of nutrition—*e. g.*, cancer, tubercle, where, though undergoing irritation, the product has become too completely vitalised—*e. g.*, organised pleuritic adhesions, or, where the local affection is maintained by inflammatory fever, aggravated by giving mercury at the commencement, without depletion, in a robust constitution and plethoric habit.

That a remedy which is capable of influencing the fluids and solids to the extent which mercury does, should, in some cases, indeed *in all*, if its exhibition be sufficiently protracted, exert an injurious effect upon the constitution, is too obvious to require illustration.

Whether acting by increasing secretion, promoting absorption, or exercising its anti-syphilitic power, or fulfilling all these objects at once, the effects of mercury are, I believe, more easily explained by assuming that, after absorption, its primary action is on the blood than by any other hypothesis, though our knowledge of the precise nature of that action must be admitted to be at present vague and undefined.

INDIAN HEMP.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Should the following observations on the action of the Indian hemp, procured from Mr. Squire, be worthy your notice, you will oblige by their insertion in your valued Journal.

Your obedient servant,
EDWARD CROSSE, Surgeon, &c.

Broad-street, Ludlow,
May 19, 1843.

I took forty minims, which produced little effect more than an inclination to rub the eyelids and some indisposition to exertion. On the day after I took eighty minims; my spirits in an hour after were much elevated; the eyelids felt as if they had become œdematous; I imagined that some object was near to me which was not in the room, so much so as to start from my seat under this delusion; my pulse, which I was obliged to feel several times in order to ascertain it, was 70, usually 90. The most marked effect of this substance was, that my recollection (not memory) *intermitted* regularly about every two minutes, so that, while in conversation, I was obliged to stop speaking, from a momentary total loss of the subject; but the link would be perfectly restored when two or three minutes had elapsed. In four or five hours this phenomenon gradually disappeared, and was succeeded by a sense of languor and great inclination to assume the lowest possible horizontal position, accompanied by the sensation of being bitten in many parts of the body by some insect. I experienced a most disagreeable feeling of distension in the abdomen, as if it were distended by water; an increase of all the secretions, and especially from the mucous membrane of the bronchi. The feeling of distension continued for several days.

There is no doubt that this is a powerful remedy, and I think it desirable that the profession should early be made acquainted with it, as much positive as well as negative injury may occur from scepticism on this point.

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* See the interesting report on the physiology of cells, by Dr. Carpenter, in Forbes' Review.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, MAY 27, 1843.

The London College of Physicians is about to follow the example of our northern brethren by writing a new pharmacopœia, and, although the present one is yet comparatively recent, we may still hope that many advantages will attend the publication of another edition. A committee has been formed for this purpose, to which Dr. Frederic Farre is secretary, and from whom the following letter has been lately addressed to the members of the College :—

"Sir,—The College of Physicians having resolved to publish a new edition of the London Pharmacopœia, I am directed by the committee appointed to superintend this work to request that you will make them acquainted with any alterations in the present edition which, in your opinion, would render it more perfect. The committee especially desire to know whether you would recommend the omission of any of the articles, preparations, or compounds, now inserted in the pharmacopœia, or the introduction of any others not contained in it, and whether you have any improvements to suggest in the processes prescribed by the College.

I am, Sir," &c., &c.

We trust that the members of the College may respond to this invitation, by lending their aid in the formation of a work of so much importance to the profession. It might, however, have been well had the invitation extended also to those who are not members of the College, as amongst the latter class may be found as great, if not a greater number, both capable and willing to further the views of the committee. In one department at least, much more benefit might have been expected had the circular we have transcribed been less exclusive, and if it be considered that the pharmacopœia is not framed solely for the use of the members of the College, but every practitioner of medicine and surgery throughout the country, the propriety of receiving the assistance of those beyond the pale of the College will be sufficiently evident. This, however, has not been done, and yet if we refer to the names of those who have, since the publication of the last edition, introduced into practice new and valuable remedies, we shall find that scarcely one of them possesses the rank of Member of the London College of Physicians. We must, therefore, solace ourselves with the hope that, albeit the College has not solicited their aid, they will not blindly refuse to receive it, but will be content to enrich the pages of their work without reference to the source from which such additions may be gained.

The present pharmacopœia is, in some respects, deficient and imperfect; but, as a whole, is far from inferior to those which have preceded it. The chemical portions were framed with the greatest care, and under the practical superintendence of one of the first chemists of the age; but, nevertheless, that happy standard of certainty has not yet been attained in chemical nomenclature, which may obviate the necessity for any subsequent change of names in the several compounds. The desire to arrive at too great precision sometimes is itself a cause for error, and this is in some measure illustrated in certain of the pharmacopœial preparations, as, for example, the sesquicarbonate of ammonia, which has been shown to consist, in fact, of two different forms; not less than twelve distinct combinations of carbonic acid with ammonia having by the late researches of a celebrated German chemist been shown to exist.*

Another point of much practical importance is the too great similarity of some of the names given to compound preparations, in which the more powerful ingredient is not expressed—as, for example, in the pulvis ipecacuanhæ compositus, and others.

Doubtlessly, much advantage would accrue from the formation of a national pharmacopœia, which might be made to embody not only the formulæ employed in England, but also those made use of in Dublin and Edinburgh. An objection to this appears to exist with the college of the latter, their lately published pharmacopœia having been written in the English language—a plan most objectionable in itself, and probably mischievous in its application. It is often difficult to translate some of the formulæ into the English language; many of the names of certain drugs set all translation at defiance, and hence the absurdity which obtains in the work of our northern brethren of having formulæ written in a kind of mixed language, partly Latin, partly English. The fact of writing a work of reference, to which it very frequently becomes necessary to appeal, not only with us, but on the Continent, opposes many difficulties to its employment, and greatly diminishes its value. Written in the Latin language, every medical practitioner at home or abroad can avail himself of its assistance, whilst in the English language it becomes, to a great part at least of our continental neighbours, almost useless. We do not, however, fear that the London College will commit the error, for error it is, into which the Edinburgh medical authorities have fallen; and we trust that the forthcoming edition will embody all of those very valuable preparations which, by the increasing labors of some of our best chemists, have, within a very short period, been added to our materia medica.

The Royal College of Physicians of London possess a power which has not been for many years, we believe, exerted, the exercise of which would unquestionably be attended with very beneficial results; we allude to the appointment of a commission to examine into the qualities and purity of the drugs and pharmacopœial preparations sold in London. Adulteration of drugs is a practice very commonly pursued, and one moreover capable of exerting the most mischievous effects upon the public and also upon the profession; the formation of a board consisting of members of the College, or, at least, of well informed medical practitioners, associated with one or more chemists of established scientific attainments, would do much to reduce, if not entirely prevent, a practice so prevalent, and little less than criminal. In directing the manner in which vegetable extracts, and certain other pharmaceutical preparations, are to be made, it might not be unadvisable to procure the cooperation of practical men, for however conversant members of the College of Physicians may be with the sensible qualities and affinities of the different articles of the materia medica,yet it must be admitted that, with the pharmaceutical processes, they are practically but little acquainted. The newly instituted body of chemists and druggists constituting the Pharmaceutical Society might afford much valuable aid, many of its members being well and favorably known to the profession by the success which has attended their attempts to form pharmaceutical preparations, of less variable strength than those which not unfrequently result when the pharmacopœial processes have been adopted.

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* Vide Essay on the Combinations of Ammonia with Carbonic Acid, by Heinrich Rose, Professor of Chemistry in the University of Berlin, in Poggendorff's Annalen, vol: xlvi, part 2.

ACADEMY OF MEDICINE, PARIS.

May 16, 1843.

EFFECTS OF CLIMATE ON PHTHISIS.

M. Rayer read a report on a memoir by M. Boudet on the effects of climate in cases of pulmonary consumption.

The author had asked the following question:—Is phthisis a rare disease in Algiers, and is it much more rare in marshy countries than in other localities?

A few remarks will serve to point out the importance of this question. In an interesting memoir, recently addressed to the Academy, M. C. Broussais showed that the proportion of deaths from phthisis to the general mortality in the African army was as 1 to 102; whereas, in the French army, the deaths from this disease form one-fifth of the general mortality.

But, it may be asked, is this very great difference apparent or real?—May we not explain the slight mortality from phthisis by the great mortality of certain other affections?—Are the inhabitants as free from this affection as the military?—Does the law hold good for all parts of Algeria.

Numerous and important reports have been forwarded by the military surgeons attached to the African army, but they do not enable us to solve the above questions in a complete manner. M. Boudin, one of the most distinguished military surgeons, thinks that the rare occurrence of phthisis in Africa is not a general fact, but is confined to the marshy border of the sea coast, where intermittent fevers and other malarious disorders prevail. Hence, M. Boudin, and those who adopt his opinion, say that two conditions should be attended to in the choice of a climate for the consumptive—viz, a mild temperature and a marshy (but not insalubrious) soil.

The facts adduced by M. Boudin in support of this opinion are worthy of notice.

The climate of Hyères has been long regarded as favorable to the consumptive, and it is known that the prevailing diseases of the place are those common to marshy situations.

Pisa, Parma, Rome, a residence in which is so generally recommended to the phthisical, are exposed to marsh, miasmata, and subject to intermittent fevers. Dr. Herineu, who passed eight years in the Ionian Islands, informs us that the rarity of phthisis is in direct ratio to the frequency of intermittent fevers; and M. Roux, a distinguished military surgeon, affirms the same relative to our own soldiers on the shores of the Morea.

Broussais says that, in the neighbourhood of Cadiz, inflammation of the chest and tubercles are extremely rare, the prevailing diseases consisting of abdominal affections and intermittent fevers. Dr. Green, of New York, affirms that at Whitehall, near Washington, where marsh fevers abound, consumption does not exist amongst the inhabitants, and that the phthisical patients who resort there are greatly and permanently benefitted.

. From these and various other considerations the reporters think it right to advise that a statistical investigation should be made relative to the frequence of phthisis in dry and marshy situations, both in France, the North of Europe, and Africa. M. Nepple has shown that phthisis is rare in the marshy country about Bresse. M. Schoënlein assures us that, in the delta of the Rhine, at Amsterdam, Rotterdam, and in all the lower parts of Holland, where ague is endemic, tubercular affections are rare, while they are frequent in the dry sandy localities about Bruxelles, &c.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

May 9, 1843.

The PRESIDENT in the Chair.

Observations on the Medicinal Properties of Indian Hemp. By JOHN CLENDINNING, M.D., F.R.S.

The author commenced his paper with general observations on the importance of narcotics, but especially of opium, in the treatment of disease. After having referred to numerous examples of the successful use of opium in acute and chronic disease, he adverted to the inconvenience occasionally attending the employment of opiates, especially to the derangement of the stomach and bowels and kidneys, and the vertiginous and other painful conditions of the nervous system they so frequently produce. He then stated that, in his experience, those inconvenient effects had occurred so frequently, and been found in many cases so difficult to obviate, without the abandonment o the use of a class of remedies of the utmost importance in a large number and variety of diseases, that he had been recently induced to make trial of the extract of hemp, recommended by Dr. O'Shaughnessy, of Calcutta, as a substitute for opium in numerous instances. The author's object in making this communication was to bring under the notice of the society the results he had obtained, as in his judgment important to be made generally known, with a view to further and more extended trials by other practitioners, more especially at this moment, when there was some prospect of a new edition of the London Pharmacopœia, upon which he understood a committee of the Royal College was actually engaged.

The author then gave details of eighteen cases, from a much larger number, in which he had given trial to the new remedy with satisfactory results.

These trials included cases of acute and chronic disease, in persons of both sexes, and persons of very various ages. The number of cases detailed, although necessary to substantiate the claims advanced by the author in favor of the new narcotic, was yet such as to preclude any analysis of them in this place.

It will be sufficient to say generally, that the indications for its use in these cases appear to have been more especially to relieve neuralgic pain; to relieve irritation and spasms of chronic bronchitis, of rheumatism, &c.; and to subdue sleeplessness or disturbed rest from whatever cause, if not arising from inflammation in the head. The author found the remedy highly useful in checking cough in phthisis, and cramp and irritation in the limbs, &c., in rheumatism, without any interference with the digestive processes, or intestinal action or secretions, yet with an anodyne and hypnotic effect not less uniform than that of opium. He gave it trial also in several cases of low fever, characterised by spots, tremors, and delirious restlessness, and with very good effect; it repressed delirium and conciliated repose, and thus secured that tranquillity and refreshment the proper effects of sleep. He reported, also, some instances of successful use of hemp extract, as a pure anodyne, to secure sleep, by suppressing pain, arising in one case from a cut, in another from a violent purgative, and in a third from rheumatic irritation of the meninges.

The author concluded his paper by a *resumé* of the objects of his trials, and the results and conclusions he had attained.

He stated that his experience had satisfied him that the hemp extract was possessed of medicinal properties sufficiently energetic and uniform to entitle it to admission into our national pharmacopœia amongst our most useful narcotics; and that as a substitute for opium, especially in cases for which that drug was unsuited, owing to idiosyncracy, or to the presence of active indigestion, or the nervous temperament, he had found reason to place much confidence in the extract, and to regard it as a remedy exceeding in value that of any other narcotic, or combination of narcotics, with which he was acquainted.

On the Removal of Blindness depending upon Palsy of the Iris. By Alexander Ure, Esq. [Communicated by the President.]

The author described the case of a female patient, who had come under his care at the Western Eye Dispensary, in consequence of having been suddenly attacked with blindness in one eye. The pupil was dilated and immoveable, and she was wholly unable to distinguish light from darkness. Judging the case to be one of idiopathic palsy of the iris, the author proceeded at once to employ the method of cauterising the circumference of the cornea by nitrate of silver, first proposed by Serres. The result was prompt restoration of sight. He pointed attention to the importance of discriminating accurately between palsy of the iris and amaurosis; since the treatment which is so efficacious in the one would be no less improper than useless in the other.

On the Sugar in the Blood in Diabetes. By Dr. Bence Jones.

The very delicate test for grape sugar which was communicated to the Academy of Sciences in Berlin, in 1841, by Professor Mitscherlich, as the discovery of Herr Trommer, was applied by him without success to the examination of diabetic blood. He found, however, that if $\frac{1}{1000}$ of grape sugar was mixed with blood, the test would indicate its presence. An opportunity occurred to the author of this paper of repeating the experiment on the blood of a diabetic patient of Dr. Nairne's, in St. George's Hospital. The disease was of about a year's standing, and the patient was in other respects in tolerable health. On the 24th of January, 1843, he was bled to twelve ounces three hours after a dinner of bread and meat. The following morning the blood was well separated; the serum milky; the clot slightly buffed and cupped, specific gravity 1029,7. The serum became clear when treated with æther, and the test for grape sugar gave a negative result, as the precipitate which first formed did not redissolve, and only became much darker when heated, partly in consequence of the deep purple color which is formed by the action of caustic potash and sulphate of copper on fibrin or albumen.

The albumen was, therefore, removed by evaporating the serum to dryness in a water bath. The residue was finely powdered, treated with water, filtered, and tested for grape sugar. The characteristic changes then took place. The clot of the same blood was treated in the same way, and the test showed that grape sugar was present in it also. The urine passed between three hours before the bleeding, and nine hours after was five pints, specific gravity 1031,3, and when tested by the same method the liquid first became blue, and then a very large precipitate formed, which was at first bright yellow, and after some hours became dark green.

Uric acid alone does not form the clear blue solution, although, when boiled with the potash and sulphate of copper, it will produce the same colored precipitate as the grape sugar does.

TWO CASES OF POPLITEAL ANEURYSM CURED BY COMPRESSION.

The following cases are related in the "Dublin Medical Journal," the first having been treated by Mr. Hutton, the second by Mr. Cusack:—

Case I.—Michael Duncan, aged thirty, a laborer of rather healthy appearance, but of intemperate habits, was admitted into the Richmond Hospital on the 3rd of October, 1842. He stated that ten days previously, whilst suffering from cramp in the right leg, to which he had been subject for the last year, he, for the first time, discovered a tumor in his right ham, which was then equal in size to a hen's egg; in three days afterwards he observed some swelling in the foot and ankle, and felt pain along the outside of the leg. At the time of his admission into hospital the tumor had somewhat increased in size, and was found to occupy the lower part of the popliteal space; it pulsated strongly, and when the femoral artery was compressed in the groin, the tumor admitted of considerable collapse. The compression being removed it again became distended, and the "purring thrill" attended the re-entrance of the blood into the aneurysmal sac. The leg was somewhat swollen, and its veins turgid; and he complained of prickling sensations in the limb; his pulse was 60 and regular; and his general health appeared to be unaffected. The nature of his case was explained to him, and the operation of tying the femoral artery proposed; to this he declined to submit in the first instance, and expressed a desire that other means might be tried. For three or four weeks he maintained the horizontal posture, and a compress and bandage were applied; but as the tumor gradually increased in size, and as he suffered pain from the pressure, this treatment was discontinued.

Nov. 1. The patient being still reluctant to undergo the operation, it was resolved to try compression of the femoral artery; and some hope of success was entertained, from being informed by Mr. Adams that the late Mr. Todd had succeeded in a similar case, of which no account has been published. Having at hand an instrument constructed for the suppression of secondary hæmorrhage after ligature of the femoral artery, it was applied in this case, and was so contrived as to admit of pressure being made by a screw and pad upon the course of the femoral artery, and the counter-pressure upon the opposite surface of the limb without interfering with the collateral circulation.

In the first instance the compression was made upon the femoral artery in the middle third of the thigh; and, although it was effectual in compressing this vessel, it produced so much uneasiness that it could not be sustained, and after a few applications the apparatus was removed and adapted to the upper part of the limb.

12. The femoral artery was compressed as it passes from the pelvis under Poupart's ligament, and the pressure maintained for more than four hours.

14. The tumor feels rather more solid; the purring thrill before felt on the re-entrance of the blood into the sac is no longer sensible; the pulsation as before.

18. No change in the tumor.

19. The circumference of the limb at the seat of the tumor is a quarter of an inch less than at the last measurement.

22. Duration of compression three hours; the pulsation returned after its removal.

24. Artery compressed six hours; same result.

25. He was unable to bear the application from soreness in the groin; he complained also of some pain in the tumor.

26. The compression was resumed, and continued for four hours; when the instrument was removed the pulsation had ceased in the tumor, which felt solid, and was free from pain.

27. The pulsation had, in a slight degree, returned; compression applied for six hours.

28. No pulsation was now felt in the tumor; it had decreased in size, and was solid.

29. The compression was maintained six hours; no pulsation can be felt; compression applied for three hours.

Dec. 1. An artery, about the size of the temporal, is felt pulsating along the surface of the tumor, which is quite solid, much diminished in size, and is altogether free from pulsation; the use of the instrument was now discontinued. The femoral artery pulsates naturally.

On the 7th of December the temperature of the legs was examined at the calf.

Temperature of the aneurysmal limb, 86° Fahr.; of sound limb, 90°.

	Aneur.	Sound limb.
Dec. 12.—Temperature .	88°	90°
„ 20 „ „ .	90°	91°
„ 21 „ „ .	91°	91°

On the 27th of December the tumor was reduced to the size of a small walnut, and felt very hard. He was this day discharged, at his own request.

In six weeks he again visited the hospital. The tumor was about the size of a nutmeg, and solid. He had been at his usual employment.

REMARKS.

Since this case occurred, Mr. Cusack has treated with success, by similar means, a case of popliteal aneurysm in Dr. Stevens' Hospital, and Dr. Bellingham another in St. Vincent's Hospital. It would appear that this plan of treatment has been too hastily abandoned by the profession, probably from the compression employed being so excessive as to render it quite insupportable to the patient. The least possible pressure which may be sufficient to close the vessel should be used; and when this cannot be sustained it will prove of use to partially compress the artery, so as to lessen the impulse of the circulation. In cases where the aneurysmal diathesis exists, this treatment would seem to be demanded before recourse should be had to an operation.

CASE II.—John Lynch, aged fifty-five, a tanner, of short, stout build, admitted into Stevens' Hospital, No. 4 ward, January 17, 1843, under Mr. Cusack. Last autumn he had a bad fever, from which he recovered slowly. About five weeks since, he began to experience burning pains running from the knee down to the ankle, particularly along the outer and anterior part of the leg; these continued until seven days before admission, when, as he was walking in the street, he suddenly felt a very acute pain in the ham, running to the ankle, and compelling him to sit down; he put his hand to the part, and, for the first time, felt a lump there, the size of his fist; he got home with some difficulty, but the pain gradually decreased, and next day he went about his business as usual; during the following days the lump became much smaller, so that, on admission, it was not more than half its original size.

He has been in the habit of carrying heavy burdens up a ladder; has had cough and palpitation of the heart since the fever; used to drink freely, but has lived temperately for the last twenty years; never used mercury.

On examination, there is a tumor in the lower angle of the left ham in the course of the popliteal artery, about the size of a hen's egg; it is elastic and pulsates synchronously with, but more powerfully than, the heart; the pulsations are as evident latterly as on the superficial surface; moderate pressure on the femoral artery stops them, and empties the tumor, so that it can scarcely be felt; the skin is not discolored, nor is the tumor tender on pressure, except at a point on each side, the size of the top of the finger; it is smooth and even on the surface, and a distinct bruit can be heard when the ear is applied to it; the anterior and posterior tibial arteries cannot be felt in either feet; what vessels can be felt appear to be large, and to have thin coats; no morbid sound can be detected in the heart, but its impulse is weak, and the pulsations very intermittent and irregular; the pulse at present is 70, small, and irregular, but it varies from 60 to 90, without any apparent cause; the left lung is emphysematous; the superficial veins of his cheeks are much enlarged, giving a dusky red appearance; temperature of both limbs the same.

Jan. 22. A roller was applied lightly from the toes up to the groin.

Tincture of digitalis, five drops. Three times a-day.

Feb. 4. No apparent difference; if the bandage is not very carefully applied it gives him severe pain in the instep after ten or twelve hours; to-day a compress was laid over the tumor, and the bandage put on as before.

Tincture of digitalis, ten drops. Three times a-day.

22. No change in the tumor. Mr. Hutton came to-day, and applied his instrument. The pad being screwed down on the femoral artery at as high a point as possible, and with force sufficient to stop completely the pulsations in the tumor, a compress was then laid over the aneurysm, and secured by a flannel bandage, beginning at the toes; he soon began to feel uneasy, but when it had been on for one hour and a half his face became pale, his pulse weak and slow, and he complained of faintness, with a feeling of 'weight in the situation of the pad, running up to his heart, and the sensation of a rush of blood to the head, accompanied by profuse perspiration on the forehead and vertex; the instrument was now loosened, and he soon rallied; when quite recovered, the pad was again screwed down, but he could not bear it for more than half an hour at a time.

24. He bears the instrument as long as he can, and then loosens it, screwing it down as soon as he is free from pain; he complains most of the rush to his head; the pad slips off the artery very easily; he says he can tell by a peculiar sensation of something running up from the situation of the pad, when the pulsations in the tumor are stopped, but he often gives an erroneous opinion; to-day the instrument was put on loosely, so as only to lessen the force of the pulsations.

27. He has been very patient and quiet, but no effect has been produced on the aneurysm. Mr. Hutton's instrument was left off, and a bandage applied. Temperature of both legs the same throughout.

March 4. Same as at last report.

Tincture of digitalis, fifteen drops. Three times a-day.

16. Sir P. Crampton's instrument, modified by Mr. Daly, was put on, so as merely to lessen the impulse in the aneurysm; no compress or bandage was put on the tumor. Pulse 63, very intermittent; it soon rose to 90.

18. He bears this instrument much better than the other; has none of that unpleasant rush to the head; complains chiefly of soreness produced by the pressure of the pad; this is relieved by dusting the part with flour; no change in the tumor. Omit the digitalis.

22. The tumor is decidedly harder and smaller, the impulse being greatly lessened; at times there is only a thrill in the aneurysm; sometimes there is no motion whatever in the tumor, even when the pressure is removed, but it returns on the slightest movement of the body; he observes that the two spots before mentioned have lost all tenderness on pressure; complains of cough; pulse 67, very irregular.

23. Pulsation has totally ceased; the tumor is very hard, and about the size of a large walnut; a large artery can be felt running down superficial to the aneurysm, over which it can be easily rolled with the finger; it then divides into two branches; the articular vessels do not appear to be enlarged.

On the 19th he had some œdema of the leg, for which a bandage was put on the limb; for the last two nights he has had a most intolerable itching in the thigh, but there is no redness or mark of any kind.

25. Instrument was removed to-day; the femoral artery can be distinctly traced as far as the opening in the tendons of the triceps and vastus int.

April 1. The tumor is decreasing; the enlarged artery above mentioned is much smaller than at last report; the relative temperature of the limbs, as ascertained by thermometer, has not varied.

7. Tumor continues to decrease; the entire artery can be traced until it enters the aneurysm; but in the lower third of the thigh, and in the ham, the pulsation is so weak that it can only be felt on a careful examination.

14. Tumor can now be grasped with facility; the enlarged artery has become very small, while the popliteal of the affected limb now pulsates as strongly as that of the sound one; a number of hard cords can be felt passing over the tumor; the palpitations of the heart still continue; pulse 68, intermittent.

ORIGIN
OF
THE HYPERTROPHY OF THE LEFT VENTRICLE,

AND OTHER DISEASE OF THE HEART AND ARTERIES IN CASES OF RENAL ANASARCA.

The origin of the hypertrophy of the left ventricle in cases of this kind is a matter of some difficulty as well as of some importance; and it is certainly one deserving grave consideration whether, in cases of this kind, where disease of the heart coexists with disease of the kidney (a coincidence which is observed so often as to render it in the highest degree probable that the two lesions bear some necessary connection with each other), the former or the latter is to be regarded as the primary affection—whether, in fact, the renal disease is anything more than the result of congestion produced by mechanical obstruction—or whether the disease of the heart can be in any way shown to be the result of that of the kidney?

Let us, first of all, endeavour to reconcile it with the former hypothesis. The hypertrophy of the left ventricle, then, was notable, and its injecting force must have been excessive; there is, however, much difficulty in accounting for this hypertrophy, as there was no valvular disease, unless we refer it to the morbid changes which had taken place in the arteries, and which may certainly be regarded as a real and a sufficient cause for the phenomenon; for it must be obvious that the disease of the arteries was not produced by the violence which might have been done to their lining membranes by the too powerful ventricles; since, in the arch of the aorta, where such violence would have been the greatest, the injury was less than in the descending portion, where the force of the heart's action must have been far less.

According to this hypothesis, then, the arterial derangement must have been the primary lesion, which, by the impediment it offered to the free passage of the blood, gave rise to hypertrophy of the left ventricle, which, in its turn, by its too powerful injecting force, caused a congestion of the kidneys, which led to their ultimate disorganisation. It need hardly be remarked that there is a contradiction involved in the very terms of the explanation; but further than this, there is the difficulty of explaining why the kidneys should have suffered so much, whilst the liver, which is generally the first organ to be affected by disease of the heart, should have escaped; and, also, of accounting for disease of the arteries, which, there is every reason to believe, is a rare affection when occurring idiopathically.

Let us now assume that the disease of the kidney was the primary affection; and, in so doing, we may observe that we are not met *in limine* by the same difficulty which we had to encounter on the former hypothesis; for although to assume that the kidneys are often primarily affected with this disease would be, in some measure, begging the question, yet numberless analogies may be drawn from other secreting organs, to show that over-stimulation may give rise to hyperæmia and subsequent disorganisation; and that the kidneys were so stimulated in this case, is rendered highly probable, from the history of the invasion of the disease as well as the previous habits of the patient. It is also ascertained that changes were produced in the condition both of the secretion of the kidneys and of the blood; the former being deficient in some of its natural, solid contents, which were found to exist in excess in the blood; whilst the latter fluid was deficient in an important solid ingredient, which was being continually abstracted by the kidneys; so that there was a two-fold change produced in the latter fluid—namely, the presence of an irritating substance, which it is the office of the kidneys in health to remove, and also the absence of a substance which, independently of other important purposes in the animal economy, gives to the blood a viscidity which (according to the observations of Magendie) renders it more easy of transmission through the capillary vessels. We have, then, a cause sufficient to account for the disease in the arterial tunics, whereby the circulation in the larger vessels must be impeded, as well as a further obstacle to the transmission of the blood resulting from the change in the blood itself, both of which circumstances must have co-operated in producing the hypertrophy of the left ventricle. It cannot, then, I think, be doubted, that the latter hypothesis accounts for the phenomena in this instance more readily than the former.

We are, then, I think, justified in concluding that, although disease in the heart or lungs may, by the impediment which it causes to the return of blood through the veins, give rise to congestion in the kidneys in common with other organs in the abdomen, and thereby derange their functions, and in some cases lead to their ultimate disorganisation, yet, as such disease was the least in those cases where the renal disease was the most advanced, and the converse, we are not to conclude that such disease in the chest is the universal or even frequent cause of the true renal disease, and that we must look elsewhere for the seat of the primary lesion in this formidable malady.—*Guy's Hospital Reports.*

PUERPERAL CONVULSIONS IN UNION HOUSES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen, — Having lately had four cases of puerperal convulsions in the union house of this place, to which I have been surgeon since it was first opened, I am anxious to ascertain, from others holding similar appointments, if cases of the same kind have occurred to them in the same proportion.

I have been in practice since the year 1824, and during the whole of that period have had but three or four cases of genuine puerpural convulsions in my private practice, though I have attended at least 2,500 cases of labor.

I have seen some others also in the practice of my neighbours, but altogether they would bear no proportion to the number occurring in this union house, which was opened in January, 1840, and since that time has received only altogether fifty-nine labor cases; of these, forty-one have been of illegitimate children. Of the four cases of convulsions above mentioned, one was a married woman, mother of four children; two were unmarried, and first children; and one states herself to be a married woman, and her first child, but, being a vagrant, is not to be depended on. I have had no experience in midwifery in public institutions, and am not, therefore, aware of the relative proportion of these cases in them, and I have no opportunity of access to any statistical accounts; but still I cannot but think that the proportion above mentioned, four in fifty-nine, must be far beyond what is ordinary even in them.

There are many circumstances attending union houses which do not belong to private practice, or even to in-door lying-in institutions. In private practice there is still the feeling of home, however homely the condition of the patient may be, or however severe the privations attached to it; and in lying-in hospitals, though the patient is immured, it is voluntarily, and is submitted to in preference to destitution, to bad nursing, and want of attendance and medical care; but, in union houses, the patient goes there from compulsion, often from the most intense privations, borne until no longer endurable, especially if a married woman, and, if single, in a state of mental despondency and irritability, which is aggravated by the close confinement which the rules of the house prescribe.

Besides the confinement belonging to these houses, the change of diet, from extreme want to sufficiency, is not unlikely to operate prejudicially, when combined with loss of exercise, and of the society of friends.

Still there are many circumstances connected with them which counterbalance these disadvantages, in the good nursing, medical attendance, general cleanliness, and physical comforts which they undoubtedly allow to those who would otherwise, at their own miserable homes, be subjected to accumulated suffering. In our own union house I can bear witness to the attention that is given to these cases by the mistress, and that they have every comfort and every indulgence which the rules allow, both before and after confinement, so that there can be no in-door reason for a preponderance of these lamentable diseases, beyond what is common to all such institutions. I am, therefore, the more anxious to ascertain if any of your readers have observed similar results.

I will not now trespass on your pages with a relation of the cases; I treated them, as is usual, with bleeding, according to the severity of the attack, and their powers of bearing it, with cold to the head, turpentine enemas, mustard cataplasms, and occasionally an opiate after bleeding, to allay irritability, and, with the exception of one case, they all did well; my intention being, as I have previously stated, merely to obtain the results of the experience of others under similar circumstances, or whose experience is yet wanting, to show the possibility of occurrences so truly mortifying, and so full of anxiety to the medical attendant.

I am, Gentlemen,
Your obliged servant,
Robert Storrs.

Doncaster, May 16, 1843.

BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I am extremely happy to perceive, from the letter of Mr. Lee, in your last Number, that the benevolent fund of the association is beginning to attract the notice of the members.

Amongst the various objects proposed to be fulfilled by the founders of the association, useful and honorable as they are, and well as they have been in general carried out, none, in my mind, is so creditable to the society as the formation of the benevolent fund, which took place at the anniversary meeting held at Oxford in 1835. I would here remark, that it is *purely* a benevolent fund, *not* a benefit society, to obtain relief from which it is necessary to have been a subscriber for a certain number of years previously. The only claim to relief from our fund is to be a recognised member of the profession (or the widow or child of one), to be in distressed circumstances, and to possess a good moral character. To those who will take the trouble of looking over the annual reports made to the association by the central committee, it will be evident how much good has already been done by the charity, and equally evident how much *more* might have been done, had each member of the association contributed only a few shillings annually. Perhaps no one can form an idea of the numerous instances of distress and destitution that exist amongst highly respectable and worthy members of our profession, except those who, like the committee of the benevolent fund, are in the habit of having such cases brought before them. Many such cases the committee have had the gratification of relieving, and some of them connexions and descendants of medical men of the highest fame and character; but they have also in many instances been compelled, from the inadequacy of the funds at their disposal, to decline giving aid, where the circumstances would otherwise have fully warranted a liberal donation.

The fund, although established in 1835, did not commence its operations until 1836, between which year and the month of July, 1840, the sum of £275 was dispensed by the committee to distressed members of the profession or their families. At the anniversary meeting held at Southampton in 1840, it was found necessary, from want of money, to suspend the operations of the committee, and during the space of the two following years no aid was granted, during which period the claims for relief, as may be supposed, accumulated greatly. At length, at the meeting held last year at Exeter, the restriction upon the committee was taken off, and since that time more than £200 has been distributed in small sums to the most urgent cases brought before the committee. Once more the available fund is nearly exhausted, and I would earnestly entreat every member of the profession, and every benevolent person, to aid this admirable charity to such extent as may be in their power. There are very few who could not afford to give five shillings annually, and many who could give much more; and it should be borne in mind that it is the *annual subscriptions only* that are available for the immediate purpose of relieving distress, the *donation* fund being an accumulating one, to be hereafter applied to the granting of loans and annuities to aged and infirm members of the profession or their families.

I beg to add, that annual subscriptions are due on the 1st of July each year, and I earnestly join in the hope expressed by your correspondent, Mr. Lee, that at the approaching anniversary meeting every member of the association will devote a small sum as an annual subscription to the benevolent fund, as I feel persuaded that if each individual member could be made acquainted with the particulars of the numerous appeals made to the committee, or read the letters of grateful thanks addressed to them for assistance rendered, they would deem it their greatest privilege and highest gratification to be enabled, in the smallest degree, to contribute to such a truly benevolent object.

I am, Gentlemen,
Your obedient servant,
William Conolly,
Hon. Secretary and Treasurer to the Benevolent Fund.

Castleton-house, near Cheltenham,
May 19, 1843.

RETROSPECT OF THE MEDICAL SCIENCES.

ON THE EMPLOYMENT OF MERCURIAL PLASTERS IN VARIOLA.

In the spring of 1841 I commenced using the mercurial ointment, which had been recommended with the view of producing abortion of the pustules and preventing cicatrices. The plaster was first applied to a portion of the face and of the forearm severally of two patients in whom the eruption was considerably advanced, probably about the fifth day, but little effect was observable. It was next applied to a part of the lower limb of a child about four years old on the third day of the eruption, and removed on the sixth, when the pocks beneath were found much less developed than elsewhere, and some of them absolutely aborted. In another child, similarly circumstanced, but little effect was apparent, except over a small part of the leg where the plaster had been closely applied, its imperfect application elsewhere being probably the cause of the slight influence produced over the rest of the surface. It was now applied to the forehead and right side of the face of a black girl, aged nineteen, in whom the pocks were moderately abundant, on the third day of eruption, and removed on the eighth, when the pustules beneath were found aborted, especially over the cheek, whilst on the opposite side they were full and just beginning to turn. The skin here also was tender to the touch, which was not the case on the right side; this difference being very marked even between the two sides of the nose. Subsequently the pock dried away on the right side without forming scabs, whilst the left was studded with them. At the time of her discharge, sixteen days after the removal of the plaster, it was evident that the pustules had left a much deeper impression on the left than on the right side, but whether any permanent pits would be left may be doubted.

In a white girl, aged twenty, the plaster was affixed to the whole of the forehead and face, on the second day of the eruption, which was pretty abundant, and removed on the sixth, when the pustules beneath were found generally aborted. On the ninth day, when the pustules on the neck and breast were full, the cheeks were nearly smooth, and no scabs existed on any part of the face except a few on the end of the nose. A week afterwards, when discharged, some very small pits were observed on the nose, but scarcely any decided pitting elsewhere.

Having thus satisfied myself that a decided influence was exerted by the mercurial plaster upon the development of the pustules when these had not advanced beyond the third day, it became important to determine whether the same influence would not be exerted by simple ointment, such as lard or simple cerate. For this purpose it was important to institute a comparison upon corresponding parts of the same individual, as in this way all sources of error, such as those arising from differences of constitution, the form, progress, severity, &c., of the disease, would be avoided. Indeed, it is quite clear that a single satisfactory experiment of this kind would be more conclusive than a large number in which different individuals were the subjects of comparison.

From my experiments, it seems pretty evident that the mercurial plaster has a decided influence upon the small-pox pustules, preventing more or less completely their perfect maturation, and diminishing the concomitant swelling and soreness, the process of desiccation being completed without the formation of thick scabs, and the resulting cicatrices less marked than when the process of suppuration was left to pursue its natural course. It is also apparent that this influence is chiefly observable in cases where the eruption has not advanced beyond the third or fourth day.

Having satisfied myself of the general fact, I continued to apply the ointment in cases where the eruption was abundant, and had not advanced beyond the period mentioned. The application was made by spreading the mercurial ointment upon a piece of thick muslin, previously shaped like a mask, with apertures for the eyes, nose, and mouth, and extending from the ears and roots of the hair to the lower margin of the jaw, and kept in its place by strings attached to its posterior margin, and tied across the back of the head and neck. A separate piece was made for the nose, but, notwithstanding every precaution, there were certain parts, as the crevice around the ala of the nose, its point, &c., which could not be kept in perfect apposition with the plaster. To avoid this, it is recommended by M. Briquet, to smear the ointment over these parts before applying the mask. The same gentleman, I find, recommends that the mask should be several times removed and spread with fresh ointment, a precaution not often taken in the cases which I have treated. Had it been, it is altogether probable that the effects would have been still more marked. In some cases the strong mercurial ointment was used, and in others it was rubbed down with an equal bulk of lard. It was sometimes difficult to resist the pressing solicitations of the patients to have the plaster removed, especially in the summer season, when the melting of the oily parts, and the greater moisture of the skin, rendered its presence very annoying. The same difficulty, however, is not experienced during cooler weather. In one case the mercurial plaster of the pharmacopœias was used, but, owing to its stiffness and adhesiveness, was found less easy of application and more uncomfortable than the ointment. No apprehension, I think, need arise on the score of the system becoming affected, for scarcely ever were the gums even touched.

Upon the whole, it seems to me that the use of the mercurial ointment, in the manner above described, is decidedly beneficial when early resorted to in cases where the eruption is abundant, not merely in lessening the liability to cicatrices, but in diminishing the swelling and preventing the formation of thick crusts. That by its use pitting may be entirely prevented, or the mortality from small-pox materially lessened, seems to me very doubtful, although had all the precautions above mentioned been taken, it is not improbable that the effects would have been still more decided.—*Dr. Stewardson in American Journal.*

ON ELECTRO-PUNCTURE IN THE TREATMENT OF DEAFNESS, DEPENDING ON A PARALYSIS OF THE ACOUSTIC NERVE. BY M. JOBERT.

The paralysis of the acoustic nerve may be produced by exposure to a current of air, to too great a shock of the head, to waves of sound too violent, to affections of the teeth or of the gums. Electro-puncture has been already employed in these cases, but it had fallen into disrepute. The author believes that he uses it in a manner more direct and more rational; here is his proceeding:—Stard's sound, he says, is introduced through the nasal fossa into the Eustachian tube, and in this sound a long thin acupuncture needle is inserted, so as to fix itself in a point of the parietes of the Eustachian tube, while the other end projects from the end of the sound; another acupuncture needle is implanted in the membrane of the tympanum. This being done, one of the conducting wires of a galvanic battery, of which the trough is filled with water and muriatic acid, is passed through the eye of one of the needles, and the end of the other conducting wire is made to touch the opposite needle. I have used, in the beginning, eight pairs of the battery; then I got to ten, to twelve pairs; finally, I have been as high as eighteen, and at present I have patients who have undergone several sittings, and on whom I have acted with the entire pile, the trough of which contains forty metallic pairs. At the moment that the two poles are put into contact there is a very painful shock in the ear and in the head, with convulsive motions; but this shock and this pain cease immediately. In a single patient the impression was felt during eight days, but it never extended beyond a slight pain, which ceased of itself. It must be added, that the patients who were submitted to electricity in this manner were, during some moments, as if stunned, and preserved some time after the experiment a bewildered look. The sitting was usually confined to a single shock when the patients were irritable; I have given two and even three shocks in people whose sensibility was obtuse, and who have been already submitted to electro-puncture. In general I allow eight days to pass between each trial. The author then relates four cases of well marked deafness, and in which the cure was complete; in the first, after a single shock; in the second, after two shocks; and in the third, after two sittings; each composed of three galvanic shocks.—*L'Examinateur Medicale, in Dublin Journal.*

ON THE PREPARATION OF MURIATIC ACID. BY HEUMANN.

The preparation of pure muriatic acid is one of the easiest operations, provided that we follow Gregory,[*] and employ one atom by weight of chloride of sodium, and two of sulphuric acid. The latter must be diluted with water enough to bring down the specific gravity to 1·6, for which purpose from nine to twelve ounces of water will be required to two pounds and a half of fuming Nordhausen acid. This proportion was recommended by Dr. Wittstein[†] as the best for effecting the entire decomposition of the chloride of sodium. Moreover, the salt must be perfectly free from iron, and the sulphuric acid from arsenic.

A common glass alembic serves as the vessel for the development of the muriatic acid gas, and a glass tube, twice bent at right angles, conducts it into a receiver containing pure water, which must constantly be kept as cold as possible. By a proper management of the fire the development and absorption of the muriatic acid gas go on easily and uninterruptedly.

The muriatic acid thus obtained varies in specific gravity according to the quantity of water employed. It is perfectly colorless, and is free from sulphuric acid, from sulphurous acid, from chlorine, iron, and arsenic.

All sulphuric acid employed in pharmacy must necessarily be tested for arsenic, as there is English sulphuric acid now in the market which abounds in this pernicious contamination. I lately examined an acid of this kind from a manufactory on the Rhine, which, when tested with sulphuretted hydrogen gas, afforded 0.7 of a grain of sulphuretted arsenic in an ounce, equal to 0.42622 of a grain of arsenic. If an acid of this kind is employed the whole quantity of arsenic is found in the muriatic acid, not a trace of it being discoverable in the bisulphate of soda which remains.

This is the source of the arsenic so frequently found in the muriatic acid of commerce, which renders it totally unfit for pharmaceutical use. The method of detecting arsenic in muriatic acid is well known.—*Buchner's Repertorium—Annals of Chemistry.*

INDICATIONS AFFORDED BY THE STATE OF THE IRIS IN CASES OF CEREBRAL LESION.

In the examination of cases of injury to the brain it is extremely important for you to enter minutely into all those signs which indicate any injury to the brain. First, the mental condition; next, the state of the pupils—the iris is placed before that expanded surface of the optic nerve, the retina, as an intelligent curtain to guard it from injury. The vital contrivances by which it acts, and by which its action is directed, are so beautifully perfect that the extent of the opening of the curtain is indicative of the state of the nervous apparatus it is destined to protect, by preventing such an amount of light impinging upon it as would be liable to injure it. In disease of the globe of the eye the dilated pupil indicates more or less pressure on the retina by some cause in the globe itself, such as a permanently turgid choroid, &c. But if with a healthy eye, but in connection with a blow on the head, we find a dilated pupil, then we have the sign of some pressure or injury to the nerve in its course within the skull, or the ganglia in which it terminates.

The dilated pupil, then, indicates very serious injury to the optic nerve, or the nervous centres with which it is connected, though it may happen, as in the case of very severe concussion, the injury is remediable. The contracted pupil, on the contrary, indicates an irritability of the nervous instruments, an undue excitement of their natural function—not an obliteration of it. You will sometimes see, in the case of injury of the brain, dilatation of one pupil and contraction of the other; where this is the case you will find the most severe injury of the brain on the side opposite the dilated pupil. I have several facts to prove this assertion, which I shall relate on a future occasion.—*Med. Gaz., Mr. Solly's Clin. Lec.*

TREATMENT OF VAGINITIS.

A woman, aged twenty-three, had suffered for nine months from intense urethro-vaginitis, attended with acute pain and abundant discharge. Every ordinary remedy had in vain been tried. M. Piorry ordered an injection, made with one ounce of cubeb powder infused in a pint of water, to be thrown into the vagina six times daily. In two days the discharge had much diminished, but the inflammation in the urethra remained intense as before; she was, therefore, ordered to take forty-five grains of powder of cubebs every hour; and in twelve days the pain and discharge had entirely left her, and she was dismissed cured.—*Gazette des Hôpitaux.*

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[*] See "Liebig's Annals of Pharmacy and Chemistry," vol. xli.

[†] Buchner's Repert. Band xiii.

TREATMENT BY THE SETON OF A FALSE JOINT OF THE HUMERUS.

The following case is recorded by M. Baroni:—A man, aged thirty-seven, fractured the humerus, and, from the fractured extremities not having been kept in apposition, nor any adequate means employed to preserve the limb in a motionless state until after the lapse of sixteen days, a false joint became formed. The fracture was oblique, and the ends of the bone passed over each other. Having held the limb in such a manner as to separate the fractured ends of the bone, a long needle, armed with a skein of cotton, was pushed between the extremities of the bones, and the seton there left. But little inflammation succeeded, and the arm, having been imperfectly secured, several weeks passed, and the humerus remained still disunited. Exposure to cold at this time induced an attack of fever; the wound again became the seat of inflammation, an abundant discharge of pus took place, and a phlegmonous tumor formed in the axilla. The limb was not securely fixed; bony matter was thrown out, and in less than two months the seton was removed; the wound rapidly healed, and the fractured ends of the bone completely united. —*Bulletino delle Scienze Mediche.*

MORBID APPEARANCES OBSERVED IN THE DISSECTION OF THE INSANE.

Mental derangement is not constantly attended by any morbid change in the cerebral mass. The following are the appearances most commonly met with:—Ecchymosis beneath the arachnoid tunic; injection of the cortical substance, either without or accompanied by softening; extensive softening of the middle portion of the cortical substance, and its becoming of a violet or of a rose color; adhesions between the cerebral surface and the pia mater; loss of substance in the convolutions, and induration of the brain. Delirium may be present during life without any trace of organic disease being detected after death. When paralysis is associated with insanity, several changes in the contents of the cranium may be observed, softening of the cerebral substance being constantly present.—*Gazette Medicale.*

PAINFUL AFFECTION OF THE BLADDER.

M. Beaumgartner relates, in the "Journal des Connaissances," a case of painful affection of the bladder, without catarrh, which was cured by injections of nitrate of silver. The patient, a female, forty years of age, was attacked about the middle of May with very severe accesses of pain in the region of the bladder, of an intermittent type. The attacks were preceded by severe headache, nausea, and frequent desire to make urine. This state continued for some days, and was succeeded by violent fits of pain, with bloody urine, which was passed frequently, and drop by drop. Various remedies were tried without effect. The patient then applied to the author on the 25th of July. The attacks of pain were now intermittent; the patient was pretty well in the morning, but about four o'clock the pain came on, with constant but fruitless desire to make water, and much constitutional disturbance; it lasted some five or six hours. A solution of nitrate of silver (one grain to thirty-two scruples of water) was now made, and sixteen scruples of this solution, further diluted with 100 scruples of water. The injection was allowed to remain for twenty minutes in the bladder. On the second injection the pain was much relieved, and on the second day was quite removed. About ten days afterwards there was a slight relapse, which was removed by a single injection. The patient has not been attacked since.

INDIGO IN EPILEPSY.

The attention of practitioners has been directed, from time to time, towards the effects of indigo in cases of epilepsy, but it is not easy to determine how far it can be relied upon. M. Podrecca has recently made several trials of it, and the result of his experience is that, when united with antispasmodics, it is of unquestionable utility. The formula recommended is indigo, a drachm; castoreum, eight grains; assafœtida, sixteen grains; the mass to be divided into eighteen pills; one pill may be given every second hour, until the accesses diminish..—*Memor. della Med. Cont.*

TREATMENT OF TINEA FAVOSA.

The mode of treatment of this obstinate disease, employed by the freres Mahon, although kept secret by them, has for a long time been followed with unquestionable benefit in the Parisian hospitals. The records of the bureau central, for example, prove that by this method were cured, amongst others, three patients who had been unsuccessfully treated by the *calotte*; eighteen children dismissed as incurable from St. Louis; nine children, also, dismissed as incurable from the *enfans malades*, &c. Numerous other proofs might be adduced in favor of this method, a description of which we here subjoin.

The hair is first cut short, and the crusts then removed by emollient poultices. The head is now frequently washed with soap and water, and the inunctions and lotions continued until the scalp is completely cleaned. When this has been effected, the second stage of the treatment commences, the object of which is to remove the hair, *slowly* and *without pain*, from all the points of the scalp occupied by the favus. Every second day the ointment (No. 1) is applied, and its use continued according to the obstinacy of the case. On the intervening days the hair is combed with a fine comb, to remove the loose hairs. This mode of treatment having been continued for about a fortnight, a depilatory powder (No. 2) is sprinkled through the hair once a-week; on the following day the hair is combed, and the depilatory ointment applied as before. At the end of a month or six weeks a more active ointment is employed every day; and as the disease gives way the frictions are made only once a-week, until the redness of the skin has entirely disappeared.

Although the formulæ of the remedies employed by the *freres Mahon* have been kept secret, yet their composition has been very nearly ascertained by experiment, and are supposed to be as follows:—

No. 1.—Slaked lime, eight scruples;
Soda of commerce, twelve scruples;
Lard, sixty-four scruples.
No. 2.—Wood-ashes, sixty-four parts;
Pulverised charcoal, thirty-two parts.
Lotion.—Lime water, five hundred parts;
Sulphate of soda, one hundred and eighty-five parts;
Alcohol, twenty-four parts;
White soap, ten parts.

—*From M. Duparc on Cutaneous Diseases of Children.*

BURY GAOL.

In consequence of the occurrence of another death from fever in this gaol, Mr. Hubbard has been suspended by the justices from the office of surgeon until the ensuing sessions.

MANCHESTER INFIRMARY.

Mr. Ransome has been elected surgeon to this institution, in the place of the late Thomas Fawdington, Esq. The candidates were Mr. Ransome, Mr. Beever, and Mr. Boutflower. The number of votes for Mr. Rausome was 450; for Mr. Beever, 303; for Mr. Boutflower, 83. One of the arguments adduced in favor of the unsuccessful candidate was that his grandfather had given more than £20,000 to the infirmary.

A MEDICAL SHYLOCK.

The "Carnarvon Herald" contains an account of a strange trial which took place at the Carnarvon county court, the circumstances of which, if correctly reported, reflect little credit on the plaintiff.

The action was brought by T. B. Haslam, Esq., late Mayor of Carnarvon, against a *poor widow*, named Parry, for the sum of £1 15s. 3d., alleged to be due for attendance on her husband, who had died in Africa. The evidence of the debt, and of the power of the plaintiff to recover, was very imperfect, but the jury returned a verdict for the plaintiff, with damages of one shilling.

There are, we trust, few members of the profession who would extort, in so unfeeling a manner, even a legal claim.

OBITUARIES.

On the 13th instant, at Beaumaris, aged sixty-three, Griffith Roberts, Esq., surgeon.

On the 18th instant, near Gosport, Daniel Quarrier, Esq., M.D., inspector of fleets and hospitals.

We have also to announce, with regret, the death of Mr. Tyrrell, of St. Thomas's Hospital, which took place suddenly on Tuesday last. Mr. Tyrrell, we believe, had for a long time labored under symptoms of an affection of the heart.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Wednesday, May 17, 1843.

T. Lloyd, T. Willis, J. J. Fox, S. S. Alford, J. H. Browne, R. Leack, W. Smith, P. Berry, E. Labron, G. Y. Heath, B. R. Mudd.

Friday, May 19, 1843.

C. Girdlestone, F. R. Manson, W. J. Price, W. Mc Cheane, W. M. Pinder, J. Carter, H. Dixon, W. R. James, J. S. H. Williams, W. Davy.

APOTHECARIES' HALL.

Licentiates admitted Thursday, May 25, 1843.

Josiah Blomfield, London; William John Preston, Great Yarmouth; Sydney Rudge Robinson; John Moore Woollett, Monmouth; John James Bunch, Wolverhampton; Thomas Mallabar Clewley, Ashby-de-la-Zouch; George Frederic Giles; John Stowells Thornhill, Darlaston; John Gray Henry, London.

BOOKS RECEIVED.

On the Anatomy and Diseases of the Urinary and Sexual Organs. By G. J. Guthrie. Third edition. London: Churchill, 1843. 8vo. pp. 155.

Austria, its Literary, Scientific, and Medical Institutions. By W. R. Wilde. Dublin: Curry, 1843. 8vo. pp. 325.

The Educational and Subsidiary Provisions of the Birmingham Royal School of Medicine and Surgery, &c. By the Rev. Vaughan Thomas. Oxford, 1843. 4to. pp. 54.

A Practical Treatise on the Diseases of the Testis, and of the Spermatic Cord and Scrotum; with illustrations. By T. B. Curling. London: Longman and Co., 1843. 8vo.

On Spasm, Languor, Palsy, and other Disorders, termed Nervous, of the Muscular System. By James Arthur Wilson, M.D. London: Parker, 1843. 8vo. pp. 204.

Practical Remarks on Gout, Rheumatic Fever, and Chronic Rheumatism of the Joints. By Robert B. Todd, M.D. London: Parker, 1843. 8vo. pp. 216.

Braithwaite's Retrospect of Medicine and Surgery. Vol. VI, July to December, 1842.

Transactions of the Provincial Medical and Surgical Association. Vol. XI, 1843.

TO CORRESPONDENTS.

The communications of *Mr. Hare* (London), *Dr. Cowan* (Reading), *Mr. Morgan* (Bristol), *Mr. Hey* (Leeds), *Mr. Wilkinson King* (Guy's Hospital), and *Mr. Gibb*, have been received.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS, TO DR. HENNIS GREEN, 58, MARGARET STREET, CAVENDISH SQUARE, LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION, TO DR. STREETEN, WORCESTER.

Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand;
and Published by Henry Renshaw at his residence, No. 356, Strand.—Saturday, May 27, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 140.] LONDON, SATURDAY, JUNE 3, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES ON VENEREAL AFFECTIONS DELIVERED AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE IV.

April 7, 1843.

Gonorrhœa, its definition, synonymes—Its seat and cause—Gleet, its capability to produce gonorrhœa, &c.—Predisposition—Effects of the gouty and scrofulous diathesis in causing gonorrhœa—Treatment—Question of identity of syphilis and gonorrhœa—Points of difference observed in the two diseases.

Gentlemen,—I will define gonorrhœa "an inflammation of certain mucous membranes, mostly the mediate or immediate result of sexual intercourse."

Synonymes.—Formerly called "gonorrhœa," a word which may be interpreted both as "seminal discharge" and "discharge from the genitals;" it still preserves the appellation in Great Britain. Mayern Turquet first gave it the name of pyorrhœa, literally a purulent running; Swediaur that of blenorrhagia, under which the disease is more commonly known in France.

Seat.—The inflammation occupies generally the genito-urinary mucous surfaces; but it may invade the ocular or anal mucous surfaces. It has been observed in the genito-crural fold, and I have seen it in the meatus auditorius externus. As to nasal and buccal inflammation referred to gonorrhœa, I question very much the accuracy of the cases on which such classifications may have been founded.

Causes.—The chief cause, beyond doubt, is the morbid secretion of one of the above-mentioned surfaces in a state of inflammation, more especially when that secretion is purulent. But when the presence of pus can no more be demonstrated, the special stimulus ceases to exist, and the secretion is deprived of the power of reproducing a similar disease.

Notwithstanding the opinion of some pathologists, and in opposition to the assertions of Dr. Desruelles, who has not hesitated to attribute to gleet all manner of fearful consequences, and most of the diseases which afflict humanity, from gout to cancer, I must say that in no case which has come under my observation has gleet been productive of any one of the dire consequences upon which the professor of the Val de Grace lays so much stress. Cullerier (nephew) told me frequently that he married with gleet, which resisted a mercurial treatment his uncle compelled him to undergo; and yet, in thirty years' cohabitation, neither himself nor his wife ever experienced any inconvenience from this chronic discharge.

But, independently of the application of contagious secretion, another cause is necessary for the production of gonorrhœa. I allude to that general predisposition, which in all catarrhal inflammations is one of the most efficient excitants to disease. A common objection to the simple catarrhal nature of gonorrhœa is, that irritation from the passage of catheters, from the injection of stimulating fluids into the urethra, do not produce a discharge similar in all respects to the discharges induced by venery. We can account for this difference in the same manner that we explain the variety of symptoms produced in several patients by the same exciting cause, by the absence of predisposition. Is it not thus we account for that fact of daily occurrence: several persons being exposed to the same cause—cold or damp feet, for instance—perhaps one will be affected with rheumatism, another with bronchitis, the third will escape unscathed?

The particular predisposition necessary to blenorrhagia cannot in all cases be specified, yet the most frequent predisposing influence may safely be said to be venereal excitement itself, which places the sexual organs in a state of tumefaction and injection easily leading into inflammation.

Herpetic, scrofulous, gouty constitutions, most frequent causes of all catarrhal diseases, also may be ranked amongst the most favorable predisposition to the development of gonorrhœa. We may likewise consider as such hæmorrhoidal congestion, intestinal irritation (occasionally from worms), the use of diuretics, asparagus, alcoholic or malt liquors, which I would willingly call "gonorrhœal drink," the internal use of the Spanish fly, the exhibitions of iodine, and masturbation. Absence of proportion between the male and female organs, or connection to excess between two healthy persons, may, most undoubtedly, produce discharges—a circumstance not to be lost sight of during honeymoon.

The application of chemical irritants to the urethra has been followed by all the symptoms of genuine gonorrhœa. A well described instance will be found in Swediaur.* With a concentrated solution of hartshorn, he produced upon himself a violent inflammation of the urethra, and got rid of the artificial gonorrhœa thus produced, and attended with great pain and very distressing symptoms, only after six weeks.

Men appear to be more subject to communicated discharges than women, and I believe the proportion to be so different in both sexes, that for four claps communicated to the male, contagion takes place only once in a woman. The extreme frequency of fluor albus in females living in the midst of the excitements of the metropolis, account in a great measure for this disproportion. It must also be recollected that the catamenial flow proves often a stimulus sufficient for the production of blenorrhagia. Stercoral matter may occasionally have the same pathogenic influence. A most singular case of this nature lately came under my notice.

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* Traité du Maladies Vénériens, t. ii, s. 190.

A young woman, in the pay of a honored magistrate of this city, communicated gonorrhœa every time the learned personage above mentioned had connection with her; she was totally unable to account for this unpleasant circumstance, and came to me, laboring under much distress, for information. I examined the damsel, and found the external organs of generation perfect to all appearance. What was my surprise, on further investigation, to find the uterus, ovaries, vagina, myrtiform carunculæ, absent, and that the rectum opening between the labia, the aforesaid magistrate had been unconsciously guilty of a capital offence, for which, however, he had already received punishment in the shape of a "sequence" of gonorrhœas!

Young girls are not unfrequently affected with purulent inflammations of the genitals. In infancy we find ocular and anal gonorrhœa tolerably common; and the well-known fact that an increase of physiological activity in any organ is usually attended with an increased frequency of the diseases to which that organ is liable, satisfactorily explains why in the adult blenorrhagia is so often to be met with.

It is a singular, but now well established fact, that some persons are only infected *once* with gonorrhœa from *the same* woman, although her state may remain precisely the same, and although she may even communicate the disease to others.

Spring, autumn, winter—the seasons of routs, assemblies, &c.—are also those in which gonorrhœa chiefly flourishes. As to epidemics of clap, they are not to be understood in the same literal sense as epidemics in general, but depend on a far more tangible cause, acting at the same time on a given number of individuals.

The last argument of our adversaries in support of the identity of chancre and gonorrhœa is founded upon the occasional appearance of secondary symptoms after the last, as well as after the first, of these diseases. Let us examine together the value of the cases brought forward by Dr. Baumès and Dr. Cazenave to prove this position.

In Dr. Baumès' work we find five cases; two only of these were inoculated, and both without success. One of these two patients, being cured of his discharge, was dismissed from the hospital, and returned *three months* afterwards with constitutional syphilis, and a sore in one of the nares, the description of which answers perfectly the characters of a primary ulcer. The other man returned *four months* after leaving the hospital, where his gonorrhœa was cured—*four months*, a period amply sufficient to account for a fresh infection.

Of the three other patients, one had a chancre independently of gonorrhœa, but, as he took mercury, Dr. Baumès assures us the chancre could not possibly have been the cause of the constitutional disorder! Gleet existed for one year in the second, and the secondary symptoms are referred to it without comment. Of the third patient little or no account is given, except that he returned with general syphilis three or four months after being cured of gleet.

You see, Gentlemen, that of this imposing mass of five cases not one is left standing; I turn now to Dr. Cazenave.

The conclusion drawn by this gentleman, that gonorrhœa is oftener than chancre the cause of constitutional syphilis, is in opposition to the results of general experience. It is, moreover, in contradiction with the statistical account of *his own* cases, and, as it is not necessary to have recourse to mathematics, but merely to show a becoming respect for addition, in order to prove the truth of my assertion, I will do so at once.

The book contains *eighty-six* cases of secondary syphilis, yet *forty-seven* times has chancre been the only antecedent symptom! Of itself this fact would suffice; it tells more against Dr. Cazenave's conclusion than any comment we could add; let us, however, examine the remaining cases. Twenty cases of secondary disease are attributed to gonorrhœa, which preceded the eruptions at periods varying from four days to thirty-eight years. It is very singular that the earliest cases of secondary disease were all observed in females, and it is not less remarkable that in *all* these the diagnosis of the previous primary symptoms is formed on the blindly-credited assertions of the patients themselves! In one case a bubo had been always, according to the patient, the only primary symptom of secondary disease occurring after a lapse of five years. Two nurses with sore breasts soon present constitutional symptoms, and one of them communicates gonorrhœa to her husband! I pass over a case doubtful even for Dr. Cazenave, and a history of an amputation stump putting on syphilitic (?) characters after undefined symptoms. In nine cases there is no antecedent history whatever; they were all women. We find one case of general syphilis observed in a newly married lady, and attributed, without hesitation, to a gonorrhœa the husband was perfectly cured of years before his marriage! A woman nurses a child, no soreness of the nipples follow, but five years afterwards constitutional syphilis is stated to be the consequence. Once, Gentlemen, once a kiss is followed *immediately* by secondary infection! I have done, Gentlemen; the cases are now before you, and you may judge for yourselves.

All unprejudiced writers on syphilis agree that catarrhal inflammation of the glans or mucous membrane of the foreskin are never followed by constitutional symptoms. This was the opinion of Cullerier, one of our best modern authorities on syphilis. My friend, Dr. Puche, whom I have already had opportunity to name, conceives that inflammations of this kind may occasionally be inoculable without any ulceration existing. In my opinion, when inoculation does succeed in a case of this kind without excoriation, sores more or less superficial must have escaped the observer's notice, or have healed shortly before inspection, leaving after them their inoculable secretion.

You will find in Dr. Baumès' work the following case (vol. viii., p. 257):—A gentleman, previously healthy, was affected, at the age of twenty-nine, with a purulent discharge from the foreskin and glans penis, an affection he treated with antiphlogistic washes; one year did he remain in the same state without improvement, but without further accidents, when he married. Shortly after, his wife complained of pain in voiding urine, and he soon was affected with constitutional symptoms, at the same time a specific eruption appeared on the face of his wife, and yet, although the external gonorrhœa existed for one year before marriage without infection taking place, notwithstanding the coincidence of secondary symptoms with the circumstance of his marriage, and very shortly after the happy day, the doctor throws the whole blame upon the husband!

Similar instances have frequently presented themselves to me.

I am at present the medical adviser of a lady who has communicated gonorrhœa to her husband. I encourage him in the belief, whereof I assure you I am far from partaking, that it is a return of a similar discharge he was affected with at the early period of his bachelor life.

I have had under my care another lady, who was affected with numerous chancres about the anus; here, again, the blame has been laid upon a gonorrhœal discharge her husband was affected with some seven or eight years before marriage.

I attended successfully a young gentleman who had been unfortunate in his choice, and was affected with chancre. Some time afterwards he was married to a young lady of respectable connection, and consequently *very virtuous*. On the eve of the union, feeling rather nervous, as many are apt to do in similar circumstances, he requested me to examine him with care, that he might be quite sure no remnant of the disease lingered about him. After a close investigation I delivered him the fullest diploma of health, and, to my surprise, he called upon me a short time after in the most extreme state of mental agony; for notwithstanding the most rigorous constancy to his wife, and the minutest every-day self-inspection, his wife was infected. After some difficulty the lady consented to be examined, and I discovered flat condylomata (mucous tubercles), the undoubted sign of constitutional syphilis. Finding her efforts to conceal the truth were of no avail, she at last acknowledged that before marriage she had been imprudent enough to listen "by moonlight, alone," to a young man, who had communicated what she considered to be very trifling sores. The conscience-stricken husband was, of course, not undeceived, and remains to this day a victim to the pangs of remorse.

J. Hunter was of opinion that gonorrhœa was the expression of primary syphilis on the mucous membranes, and chancre its expression on the skin. But if this theory was true, we should find that chancrous matter produces gonorrhœa when deposited on a mucous surface, and *vice versâ*, that gonorrhœal secretion inoculated to the skin is productive of chancre, which experience does not confirm.

Dr. Lagneau considers chancre and gonorrhœa as two steps of the same ladder, two degrees of the same malady, an opinion disproved by daily observation.

Hufeland's doctrine on this subject is, perhaps, still more singular. According to that writer, gonorrhœal matter is identical to chancrous secretion, only it is prevented by a mucous envelope furnished by the urethra from producing the same effects of inoculation.

Swediaur (vol. ii., s. 154) is obliged to acknowledge that constitutional diseases follow only gonorrhœa which have been attended with ulcerations.

Dr. Baumès believes gonorrhœa to be a modification of primary syphilis, giving rise to less intense secondary symptoms than chancre.

Todd and Bell are of opinion that gonorrhœa arises from a specific cause, of which, however, there exists no positive incontrovertible proof. My learned friend, Mr. Carmichael, of Dublin, attributes even to gonorrhœa particular forms of secondary disease, of which we shall speak at a further period.

It is my opinion, Gentlemen, that gonorrhœa differs altogether from chancre in its nature. I explain its contagion by referring to the special structures it invades, and to the presence of a secretion on mucous surfaces, which will be found to be the most active stimulus of analogous membranes. In chancres we find a morbid poison, which experiment demonstrates in the clearest manner; we find that the absorption of that morbid poison produces a series of secondary symptoms. In gonorrhœa which is contagious, whatever may have been its cause, reason and experiment have equally failed to demonstrate the existence of a virus.

SECOND REPORT

OF

PRIVATE MEDICAL PRACTICE FOR 1841.

By Charles Cowan, M.D. E. and P.,
Physician to the Royal Berkshire Hospital and Reading Dispensary, &c. &c.

[*For the Provincial Medical Journal.*]

(Concluded from p. 169.)

Special Report.

[*Phthisis.*]

Of 53 cases, 28 were males, 27 females.

Ages.—(Extremes, 5 and 70.)

5 to 10	2
10 — 20	10
20 — 30	16
30 — 40	15
40 — 50	5
50 — 60	5
60 — 70	2
Total	55

This table closely corresponds with that of the preceding year, and exhibits the great liability of the middle periods of life, and the non-exemption of any age from pulmonary tubercles.

Occupations.—Some are not registered, and the remainder admit of no useful classification.

Hereditary Influence.—Out of 13 cases, where the fact was registered, 10 were affirmative and 3 negative. As in the last year, instances occurred where the children were highly predisposed, the parents being healthy.

Season.—The entries were nearly equally distributed during the first seven months of the year, amounting in all to 23 cases; while in August, September, and October, 27 cases were registered, and only 6 in November and December. This points out the influence of autumn upon the development and aggravation of phthisis, a fact noticed from Hippocrates downwards.

21 were residents in Reading, 24 in country districts, 10 in London or other large towns.

Anterior Duration.—	1 to 6 months	18
	6 to 12 months	17
	1 — 2 years	11
	2 — 4	6
	More than 4 years	3
		55

Stages.—	1st stage (deposit limited)	12
	2nd stage (deposit extensive)	20
	3rd stage (cavities)	16
	Not registered	7
		55

In comparing the *anterior duration* of the disease with the *stage*, we find the relation to be rather inverse than direct. Out of the 12 cases in the first stage, the shortest anterior duration was five months, while in 7 it exceeded a year. In the second and third stages all the more *recent* cases were included, the chronic being equally divided. This fact points out the very great inequalities in the progress of tubercles, to be ascribed, no doubt, to the amount of predisposition in the system, and to the state of the general health, rather than to the nature or even amount of the local deposit. We may also infer, that in cases where the deposit is not extensive, and no evidences of softening can be detected, the progress of the case will probably be slow.

Of those in the 1st stage, 7 were males, 5 females; 2nd stage, 11 males, 9 females; 3rd stage, 5 males, 10 females.

The youngest ages were in the 1st and 3rd classes, with four exceptions, indicating the more chronic progress of consumption in males than females, in whom the softening process is more quickly established—a fact in accordance with their relative feebleness of constitution. We may also infer that the middle periods of life are most favorable to the slow as well as to the rapid progress of the disease, the constitution at that time more successfully resisting or more rapidly yielding to the morbid influence.

Locality of the Deposit.—This was accurately noted in 50 cases, and refers to the first examination.

		Males.	Females.
Right apex alone	23	11	12
Left apex alone	4	3	1
In *both* lungs, but *most* on *right*	12	7	5
„ „ „ *left*	8	3	5
Equal on both lungs	3	3	0

This table exhibits the fact of tubercles almost always commencing in a single lung, also their far greater frequency in the *right* side, and this irrespective of sex. The same conclusion resulted from our cases in 1840, and combining the two, we have out of 101 cases, the deposit existing alone or preponderating on the right side, 68; ditto on the left side, 21; while it was equally distributed in 12 instances.

Very opposite conclusions have been entertained by other observers, the majority considering the *left* lung most frequently first and principally affected. We cannot reconcile the discrepancy, but feel confident in the accuracy of our physical diagnosis in the instances now numerically tested, and the close agreement of the present with the preceding year is an additional confirmation. The numbers now adduced are, however, too few to establish the fact.

Causes.—In addition to hereditary influence, they consisted in conditions unfavorable to the general health. Depressing circumstances, deficient food, sedentary habits, were the principal. The constitutional diathesis is, however, the more important element in the estimate of consumptive liability.

Result.—Relieved, 10; irregular, 36; known to have died, 7.

Symptoms.—In 27 cases, hæmoptysis had taken place in 13, diarrhœa in 19; in only 2 out of the 55 was there any doubt of emaciation. Loss of strength, cough, more or less dyspnœa on exertion, and some hectic disturbance, were present in all.

Diagnosis.—No case was registered as "phthisis" which did not present the physical signs of deposit. This is the only safe rule to adopt, for it is always easy to *suspect* tubercles, and many cases are diagnosed "incipient phthisis," and reported as "cured," where neither tubercles, nor even a tendency to their formation, were really present. The importance of the early diagnosis of tubercles was sufficiently insisted upon in our last Report, and the subject cannot receive too much of the student's attention.

The percussing hammer and pleximeter recommended by Dr. Bennett, we can speak very favorably of; it produces clear sounds, is conveniently applied, is less jarring to the chest than the finger, and saves fatigue. Dr. Harwood's apparatus, though similar in principle, is, from its lightness, less efficient. We have not tried Dr. Aldis's spring percussor, but we think it may prove useful in delicate cases, and in some instances of abdominal exploration.

Treatment.—We have nothing novel or interesting of our own to advance in addition to what was stated in the last Report, and are not among that happy number who can boast of very successful therapeutical results. The extreme variations in the natural duration of phthisis—the alternating character of its symptoms, both local and general—the variety of external and internal influences calculated to arrest or accelerate the local mischief—combined with the absence or presence of hereditary influence—are all considerations which render the just estimate of the powers of medicine most difficult, most uncertain; and we must receive with much caution all definite statements of curative successes. At the same time there is every reason, though not encouragement, for continued investigations in furtherance of this object, and we shall make the reader acquainted with some of the more recent practical researches upon the subject, selecting such as are supported by the largest experience, and are least incorporated in our older and more standard treatises on consumption. Just in proportion to the hitherto fatal nature of a disease, is it useful and important to survey the nature of the means to which alleviation or cure has been ascribed, and in the multiplied conclusions of practical minds we often trace some general convergence of opinion, which forms at once the best foundation and encouragement for renewed individual researches.

The latest essay on phthisis is by Dr. Cook, of Louth, which is rather a digested outline of the subject, in accordance with the soundest latest authorities, than an advocacy of any novel views either as to the treatment or pathology. The author strongly insists on the constitutional origin of consumption, without defining its precise source, and urges the importance of treating the general cachexia rather than its mere local manifestation in the lungs. He opposes, and we think correctly, the inflammatory hypothesis, deprecating antiphlogistic treatment beyond what is absolutely necessary to meet urgent and accidental symptoms, and in its stead recommends an animal diet with moderate use of stimulants, abstinence from vegetable food, warm clothing, gentle exercise, mild counter irritation, and the use of steel internally. The inhalation of iodine, by a very simple process, is favorably mentioned, while in the more advanced stages a lighter but still nutritious diet is advised, with various palliative means. Dr. Cook strongly and justly deprecates the evil and cruelty of sending patients to warm climates, where the deposit is extensive or where cavities have formed, and believes that all the benefit of change of air may be obtained on our own coasts. Various excellent formulæ are subjoined, and the volume is evidently written by a well-informed, eclectic, and practical physician.

Immediately preceding the above is the small volume of Mr. Flood, of Leeds, who advocates the identity of scrofula and phthisis, asserting that the essential element is a lesion of nutrition and assimilation, local change commencing in the *mesenteric glands*, which increases the evil and hastens on the consummation of pulmonary disease. To this theory may be objected the facts, that out of 102 cases carefully examined by Louis, these glands were tuberculated in only 23, and in one case alone were they generally affected—that the mesenteric tubercles were very rarely softened, and, therefore, probably recent—that this morbid condition bore no relation to the duration of the pulmonary disease, being as frequent in recent as in chronic cases—and that neither local pain or tenderness were discoverable in any during life. To justify Mr. Flood's theory, diseased or tuberculated glands should be the almost invariable accompaniment of phthisis. We think, however, the writer's practical remarks sounder and more interesting than his pathology; and the treatment he proposes, the result, he states, of extensive practical experience, is worthy of trial. Repeated blisters to the abdomen, dressed by iodine ointment and succeeded by an iodine plaster, with a draught containing iodine a fourth of a grain, iodide of potassium one grain, tincture of lytta twenty minims, three times a-day, are his principal remedies for the earlier stages of the complaint. He lays much stress upon the value of the combination of iodine and cantharides, regulating the dose according to circumstances, and combining other judicious accessory treatment. As a last resource in otherwise hopeless cases, Mr. Flood recommends transfusion. Against colliquative diarrhœa he advises—

Oil of cubebs, one drachm;
Tincture of opium, two drachms;
Mucilage of acacia, five drachms. Mix. One-third part to be mixed with four ounces of thickly-made starch, and thrown well into the rectum.

We confess ourselves not sanguine as to the practical results of Mr. Flood's plan; but the writer evidently possesses strong practical sense, and his statements are worthy of attention.

Dr. Campbell, of London, in his very able and elaborate reasonings on tuberculous consumption, published in 1841, also ascribes the origin of phthisis to "manifest disturbance in those earlier actions of nutrition by which the heterogeneous matters of aliment are converted into chyle—that the blood, in consequence, becomes charged with unhealthy particles, and if associated with a peculiar structural condition of the pulmonary capillaries, destroying the normal relation between the vessels and their contents—that tubercles are then deposited in innumerable points contained within the calibre of obstructed vessels." The constitutional disturbance is ascribed to the consequent imperfect condition of the arterial blood, depending on the continuance of the pulmonic circulation through parts of the organ to which air no longer finds admission. Dr. Campbell's great remedy is the steady use of the liquor potassæ, in doses of half a drachm to a drachm, three or four times a-day, in milk or distilled water. Four confirmative cases are related, and Dr. C. appeals to ten years' experience in 400 cases in favor of its power as a solvent of tubercular deposit. We are by no means satisfied of the soundness of Dr. C.'s inductions, but the work contains many excellent practical remarks, and will well repay perusal, whether the author's peculiar views or treatment be adopted or not.

Another recent treatise on the same subject, though less original and meritorious than the preceding, is by Mr. Gilbert, who, after some interesting statistical details, advances the rather obscure theory that the pathology of phthisis consists primarily *in a want of discriminating power in the mouths of the lacteal vessels*, by which inorganised particles are absorbed and constitute the seeds of pulmonary tubercles. Mr. G. has no specific remedy, and after insisting at considerable length on the nature and value of hygienic treatment, as is now generally recognised by all standard writers, places his curative reliance upon active counter-irritation, and other means adapted to allay pulmonary irritation, combining them with a well-regulated but nutritious diet, change of air, and all other means calculated to raise the standard of the general health.

It is clear, from the above brief references, that the preceding writers differ more in words than in fact, all concurring in ascribing greater importance to the constitutional than to the local symptoms, and making the former the basis of rational treatment. This was almost uniformly the practice of the earliest writers, and is again reviving amongst ourselves, who are gradually emerging from the almost exclusive attention which of late years has been given to the study of local pathology.

We shall now advert to some more scattered sources of information.

Dr. Durrant, of Ipswich (Provincial Journal, September 3, 1842), speaks favorably of mild local depletion with counter-irritation, the frequent use of emetics with the hydriodate of potash, or the ioduret of iron internally, in a bitter infusion. He also adverts to the value of rapid salivation in acute cases, as advised by Drs. Graves and Stokes, and considers an alternating seton in the arm a very good preventive measure.

Dr. Munk ("Medical Gazette," October 30, 1840) has written a very interesting paper on the use of mercury in the early and acute stage of the disease. He prescribed a grain of calomel, ipecacuanha, and henbane, three or four times a-day, till the mouth was affected, then gradually diminishing the dose, and afterwards having recourse to tonics, with warm clothing, mild nutritious diet, and exercise in the open air. This is a very important practical subject, and we would recommend the reader to peruse carefully Dr. Munk's paper, as also the observations of Dr. Stokes, in his admirable work on Diseases of the Chest, and the remarks of Dr. Graves, in his recent excellent volume on Clinical Medicine.

Dr. Hughes, in a very practical paper ("Guy's Hospital Reports," October, 1840), speaks strongly in favor of emetics, which he had employed in 150 cases, and also advises the steady use of the hydriodate of potash with fractional doses of iodine, nutritious diet, exercise, and other accessory treatment.

Dr. Williams ("Medical Gazette," June 30, 1838) recommends the hydriodate in combination with the liquor potassæ.

Mr. H. Rees ("Lancet," November 16, 1839) makes the following statement:—"In cases of advanced tubercular disease, with considerable deposition, and even excavation, occurring in young leucotic subjects, where the tongue has been pale, flabby, and indented, not as it is usually, intensely reddened, I have witnessed several remarkable recoveries from taking the iodide of potassium in conjunction with quinine and iron, the diet in such cases consisting almost entirely of animal food—*salt*, which is eagerly desired, being freely allowed."

Dr. Morton, of America, strongly recommends the following formula:—

Iodine, three grains;
Iodide of potassium, six grains;
Distilled water, one ounce. Three to six minims three times a-day;

and Dr. Little advises a strong iodine ointment to be rubbed in daily for months over the seat of crude tubercles.

M. Dupasquier (Provincial Journal, January 7, 1843) considers the ioduret of iron invaluable in all stages, especially in the more advanced and constitutional cases. He disregards the inconveniences it at first often induces; improvement resulting in a week or a fortnight. The preparation used is a pure protoioduret of iron, in the proportion of one part to five of water, beginning with fifteen drops in young or very feeble cases, adding five every two or three days, till 120 are taken. The last dose is continued, or, if not borne, the remedy is suspended for a week, recommencing with the smaller dose. He conjoins an almost exclusively animal diet, warm clothing, and free exercise. His success is stated to have been very gratifying, and his experience extensive.

Dr. Farr, in his "Guide to Nice," 1841, also places his chief confidence in the same remedy, giving from twelve to eighteen grains daily.

We could adduce other evidences in favor of iodine and its preparations, but we think the above are sufficient.

Mr. Coster, from some interesting experiments on animals, with a view to show the effect of steel in preventing tuberculisation ("Bulletin de l'Academie," No. 13), suggests mixing the remedy with bread. Five grains of the lactate of iron might be added to three ounces and a half of bread, without injury to quality or taste. This plan might be convenient in the case of children.

We are ourselves disposed to place much reliance on the administration of steel in phthisis, wherever it does not manifestly disagree, and the researches of Liebig give additional importance to the agency of this mineral upon the system.

Dr. Stewart's often quoted, but seldom detailed, plan, was in principle sound, and, we doubt not, often beneficial. It was as follows:—Diet nourishing, but not stimulating; in addition to milk and vegetables, an egg, some fish, animal food, beef tea, broths, and particularly veal broth, jellies, arrow root, and, for drink, water, either pure or with a tinge of port wine, or occasionally spruce beer, ginger beer, or common small beer; as much exercise as possible, without fatigue, on a spring deal within doors, and in a carriage in the open air; a regular system of sponging with vinegar and water, at first tepid, afterwards cold, at least once a-day, and following it with a great deal of rubbing; a blister issue in the chest; cold infusion of bark, with sulphuric acid internally, and, in most cases, some preparation of steel, with a bitter. The Doctor was also partial to the use of Plummer's pill.

Dr. Wilson ("Lancet," February 26, 1842) also places his dependance on light nutritious diet, moderate use of malt liquor, prohibition of all slops, gentle exercise, and the internal use of a mixture composed of quinine, sulphuric acid, and laudanum, in infusion of quassia, adding the sulphate of iron in anæmic cases. He also advises counter-irritation with the acetum cantharidis, if the symptoms indicate it, and relates several successful cases.

The two last plans, with the addition of setons, are practically similar to those recommended by Drs. Graves and Stokes, and we think them more generally applicable than any other.

Mr. Carmichael, of Dublin ("Dublin Journal," November, 1840), advises half a drachm of the carbonate of soda three times a-day in strumous and phthisical cases, and Mr. Farr was in the habit of giving two to three drachms of the old caustic solution of potash in similar cases, having recourse to acids if the symptoms of alkalescence were troublesome. The observations of Dr. Clanny, of Sunderland, seem to prove that the salts are deficient in the blood of consumptive patients. We have already quoted Dr. Campbell on the use of alkalies, and think their free employment in phthisis worthy of experiment. Perhaps we are in general too timid in our doses, when a peculiar state of the fluids is to be steadily maintained, and we think unnecessary fears have of late years been excited respecting the enfeebling effects of remedies of this class.

M. Bricheteau ("Gaz. des Hopitaux," 1837) states that more or less relief in all, and in some decided benefit, resulted from the following plan:—

Potassio-tartrate of antimony, one to three grains;
Water, five ounces;
Syrup, one ounce. Mix. A tablespoonful morning and evening.

If this quantity produces no effect, another spoonful is given in fifteen minutes. If diarrhœa occur, pills of ipecacuanha and digitalis are used. The diet to consist of rice and other potages, with milk.

This is similar to the treatment of Dr. Vittis, of Capua ("Ann. Univers. di Med."), who states that in four years 47 patients in the incipient stage, and 129 in the advanced stage, left the hospital perfectly cured.

At Haslar, says Dr. Cook, a sixth of a grain was given every four hours with great success; and Dr. Weatherhead states that he observed more recoveries from this plan, during the war, in this great naval hospital, than he has ever met with since. These convergent testimonies are worthy of attention.

M. Sue, senior physician to the Hôtel-Dieu of Marseilles, in a memoir communicated to the Royal Academy of Medicine at Paris, and which was favorably reported on, strongly recommends the following plan:—

1. General and topical bleeding, proportioned to the patient's strength and stage of the disease.
2. A mild emetic morning and evening.
3. The use of raw slugs as an article of diet, or of asses' milk, as either may best agree.
4. Stimulating liniments to the chest, and a succession of caustic issues, when softening has taken place.
5. One to two drachms of iodine ointment under each axilla in the evening.
6. A syrup with a drachm of digitalis, an ounce of white poppies, and eight grains of the cyanuret of potassium.
7. The diet to consist of vegetable creams, rice water, and other potages maigres, boiled fruits, eggs, fish, and white meats.

This is a truly continental compound—a product of the closet—and will not captivate the British practitioner, however high its sanction.

Dr. W. H. Wilshire ("Lancet," Dec. 31, 1842), in addition to counter irritation, thinks highly of belladonna in the first stage, a quarter of a grain three times a-day, combined with tonics, which are to be increased as the disease advances.

Dr. Berndt ("Dublin Journal," No. 13, 1834) has administered opium in large doses in the last stage of phthisis with much advantage. He combined the acetate of lead with the opium, beginning with small doses (quarter grain) and increasing them gradually to large ones. We could conceive some distressing cases where such a plan would be the most efficient in our power to employ.

In the "Gazette des Med. Praticiens," 1839, it is remarked that the proprietors of menageries prolong the lives of apes and monkeys by giving them sea salt freely, and M. Latour relates three successful cures of phthisis in man, where this substance was given for sixty days in doses of half a drachm to a drachm in conjunction with an animal diet.

At the scientific congress held at Turin, September, 1840, Dr. Parola related five cases of chronic bronchitis and phthisis, as cured by the ergot of rye, assisted by depleting measures. We are not aware of any similar experiments.

We have now conducted the reader through rather a long list of remedies and authorities for this most formidable of diseases, and we have done so rather with the intention of furnishing materials for inquiries than with the hope of guiding him to a satisfactory conclusion. That great benefit often results from treatment, that phthisis has occasionally been arrested and cured, we do not feel at liberty to doubt, but when we look at the various means which have been employed, and the conflicting evidence of observers, the fallacy of diagnosis, and the natural history of the disease, we confess that a right selection of means and a just estimate of their curative value are still points of very great obscurity and doubt.

Since writing the above, the second edition of M. Louis' work on phthisis has reached us. That most accurate and trustworthy observer has practically tested the value of some of the plans of treatment we have now detailed, and adverted to others not included in the list. We shall therefore avail ourselves of the opportunity to render our summary more interesting and complete.

In reference to M. Dupasquier's strong recommendation of the proto-ioduret of iron, M. Louis says, "I have administered this remedy, both in private practice and in the hospital, to more than sixty patients in every stage of the complaint, and I confess with astonishment, that in no instance have I observed any benefit from its use. M. Dupasquier's statements are, however, so positive, and his respectability so unquestionable, that fresh trials are recommended."

M. Louis has also tested other preparations of steel, as the sesquioxyde and lactate of iron, but always with very little advantage. He insists on the importance of not trying a remedy for six or seven days after a patient enters the hospital, much benefit in the majority of cases, arising from change of circumstances, independently of medicine.

The chloride of sodium, as recommended by M. Latour, next engages his attention. In 1839 he gave it for five months to all his phthisical patients in the Hôtel-Dieu, and in no case could he detect any appreciable effect. He regrets that M. Latour, whose professional integrity he admits, has not supported his assertions by more detailed and satisfactory evidence.

The carbonate of potass has been strongly recommended by M. Pascal, of Strasbourg, on the ground of its dissolving albuminous concretions, but M. P's facts are too indistinct and doubtful to have hitherto induced M. Louis to submit them to fresh experiments.

Dr. Cless, of Stuttgard, in his Hospital Reports ("Gazette Medicale," 1832, p. 8), speaks very highly of the hydrochlorate of ammonia, in the early stages of phthisis, and cites several cases of supposed recovery from its use. The majority of his patients took from six to eight ounces of the salt in from fifteen to thirty days. M. Louis has not tested its value.

The chloride of lime is recommended as a powerful remedy by Dr. Hirzoy, of Posen. He prescribes two grammes in 180 grammes of distilled water, with sugar, sometimes adding eight grammes of distilled cherry-laurel water. At first four tablespoonfuls are taken, and the dose gradually increased, the quantity of the salt taken daily never exceeding eight grammes.

Dr. H.'s facts are far too brief to carry conviction to the minds of others, and M. Louis deeply regrets that medical men should withhold the details absolutely necessary to determine the reality of these facts when advancing opinions upon subjects of such immense importance.

The evidence in favor of the inhalation of chlorine gas is next analysed at considerable length, and the observations of M. Cottereau are principally scrutinised. M. Louis points out, with his well-exercised analytical acumen, the great deficiency and contradictory nature of the details, ascribing the apparent improvement resulting from its use to the disappearance, probably from natural causes, of accidental complications, and denying that any satisfactory proof of its efficacy in the removal of tubercles has yet been established. He himself tried it on fifty patients without any benefit.

He adverts to the statements of Bayle as to the powers of digitalis, and thinks the evidence adduced quite insufficient to establish its efficacy. In the small number of cases where M. Louis has employed it, no benefit resulted. We have given the literature upon this and other points in the treatment of phthisis in our translation of the first edition of M. Louis' work.

The memoir of Dr. Santonetti, of Pavia, on prussic acid (" Gaz. Med," 1838, p. 793) is also regarded as quite inconclusive, and M. Louis has never derived more than palliative success from its use.

Of creosote he sees equally little ground to speak favorably.

Iodine is mentioned, and the statements of various French and English writers referred to. M. Louis expresses no opinion of its curative merits.

Though disappointed in the power of the remedies hitherto vaunted, he is not among the number of those who despair of more successful results; but the means he proposes are not those of hap-hazard experiment or hasty induction, but a process of combined, accurate, and patient observation, for the pursuit of which very few possess either the requisite intellect, honesty, or courage. But let M. Louis speak for himself. In the first place, he says, those who would assist in the solution of the problem should be perfectly acquainted with the natural progress and symptoms of the disease, and the method of physical diagnosis. This is self evident and of primary importance; but the absence of such knowledge has been hitherto the great source of discrepancies both in opinion and practice. The observer should possess a just sense of the high and noble character of his undertaking; he should compel himself to take notes of *all* his cases, particularly those suffering under any of the general or local symptoms of phthisis. He should collect evidence as to the place of birth, and the localities subsequently inhabited, of the education, manners of living, of all previous illnesses, the temperament, the strength or feebleness of the constitution, the slow or rapid progress of the disease, &c. Should the patient be a mechanic, the time of the apprenticeship should be noted, its effects upon his health, his continued or interrupted diligence, his hours, habits, and food. The health of parents and other members of the family should be carefully ascertained, and if the symptoms seemed arrested, the attendant circumstances and period of the disease should be most scrupulously investigated.

Similar researches should be instituted in our public institutions, in the army, and in the navy. Each soldier and sailor should be examined most carefully, and a statement of his past and present condition minutely recorded, for the purpose of contrasting it with his subsequent health. These labors must be continued for many years, and by a numerous body of observers, and would, at all events, terminate in our ascertaining the true natural history of consumption. It would also be necessary to track the course and frequency of phthisis in every climate, and under all possible variety of circumstance; and to accomplish this, M. Louis has proposed to the Royal Academy of Medicine the establishment of an association of "medical travellers," whose mission it should be to study the causes, progress, and treatment of the more serious, and especially the more fatal, diseases, amongst which phthisis has ever continued to hold the first rank. He is deeply convinced that increased knowledge of the causes and treatment of consumption can only be obtained by associated and well-directed exertions, and with true self-devotedness and heroism exclaims, "I do not conceal from myself that the labors I propose are most formidable, most difficult, that they require great energies in those who undertake them; but, not to speak of the glory attaching to such an enterprise, when truthfully conducted, is it not the fact that this is the only means by which the end can be accomplished? And by whom can the investigation ever be undertaken? By whom can the art of medicine be perfected, and the laws for its practice determined, except by medical men themselves? Unlike the lawyer, the physician can appeal to no superior authority as the source of rules for his guidance, either good or bad, but he has to seek them in the midst of elements infinitely varied, in a kind of chaotic darkness and confusion, out of which nothing but time and diligence can ever disentangle the light." Noble expectations! Admirable method! but what age will realise them?—by whom will they become practical?

We can admire the writer's enthusiasm and zeal, but we feel less sanguine as to the results.

REMARKS
ON THE
RECENTLY PUBLISHED OPINIONS OF MR. ROSS,
ON THE PATHOLOGY AND TREATMENT OF TYPHUS FEVER.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The vast importance of the subject to which they refer, rather than the merits of the opinions therein alluded to or expressed, must be my apology for requesting the insertion of the following remarks in the pages of your excellent Journal.

I have the honor to be, Gentlemen,
Your obedient servant,
Medicus.

London, May 16, 1843.

In Nos. 22, 23, 24, and 25 of the "Lancet," are published a series of papers on the Diagnosis, Pathology, and Treatment of Typhus Fever, written by Mr. Ross, of Enfield, which have been very favorably alluded to in the above-named journal, and have hitherto been received as legitimate results of the union of chemical and medical science—affording at once an extension of Liebig's views, and of their application to the detection, pathology, and treatment of one of the gravest maladies the physician is ever called upon to treat.

A considerable part of the papers is occupied by the discussion of the character of the tongue as a diagnostic mark in typhus, &c. &c. These, as being points to which the doctrines of Liebig are not supposed to apply, I shall, together with some other extraneous matter, pass over in silence, although I would venture to remark that my silence does by no means indicate my accordance with them. I shall first limit my observations to those parts of Mr. Ross's paper in which the recently published opinions of Liebig are referred to. The first of this class of statements are thus introduced: "By a close attention to the various conditions of this excretion (the urine), the practitioner may discover the internal lesions and arrive at a decided prognosis of the disease more accurately than by any other means."

From such an announcement much was to be expected; how far such expectation has been fulfilled it is my object to determine. Before commencing this inquiry I cannot but express myself as dissenting from the author in the comparison he has applied alike to the truly indefatigable researches of Müller and to the beautiful hypotheses of Liebig, describing them as "beacons on the ocean of science." At least must it be granted that they are beacons of a different form; in the first we recognise a patient investigation of the operations of nature—in the second we see but theories, most ingenious, it is true, but still theories, soaring in the air, standing upon nothing.

I do not err when I affirm that every observer who has written on the subject of Liebig's speculations has found them very frequently at variance with his own observations. Facts, however much they may merit the character of stubborn things, occasionally become very pliant instruments, and render most treacherous aid to scientific investigations.

The most important abnormalities observed in the condition of the urine formed during the existence of typhus, as described by Mr. Ross, are these—

1. Occasionally in the early stage a light green color; urine loaded with phosphates, towards its termination the color becomes of a deep brown, and there exists an abundance of uric acid.

2. The urine is scanty, acid, and high-colored, not containing albumen. There is an excess of urea as well as of the phosphatic salts. Oily matter copious; no excess of uric acid; this condition being associated with ardor urinæ.

3. The urine of patients laboring under typhus invariably acid.

4. In one patient opacity in the urine was produced, not coagulation. On adding liquor potassæ to the sediment of this urine, after it had stood two days, a gelatinous precipitate of a *greenish* color was thrown. This precipitate is then considered to be pus, albumen being rendered soluble by potash, and mucus only becoming more viscid.

5. According to Mr. Ross, as a general rule, whenever anasarca appeared above the knees, more or less albumen appeared in the urine.

6. If the upper part of the body perspired freely, as it frequently does in dropsy, albumen was seldom found in the urine, or if found, it was only in small proportion. On the contrary, when the skin was dry and hot, albumen was abundant in the urine. From these facts it is concluded that the presence of albumen depends primarily on the disturbance of the functions of the skin, and that its quantity is influenced by the conditions of the internal serous surface.

7. When the natural office of the skin is much impeded, there will be a determination of albumen to the kidneys, and this principle will occasionally be excreted in its undecomposed state.

8. Excess of urea constantly present. The truly *excruciating uneasiness* when lithic acid is present as a calculus is said to be dependent in nearly all cases on an excess of urea.

9. The formation of urea in the extreme textures appears to depend on an insufficient supply of oxygen.

10. "We can easily create a formula, after the manner of Liebig, showing the production of urea, water, and carbonic acid."

11. There is every probability that the coloring matters of the blood and urine are essentially the same. This is based upon the statements that by adding liquor potassæ to the red particles of the blood mixed with water, it assumed a light green color, and on adding nitric acid it assumed a very delicate rosy hue, the same effects ensuing with the coloring matter of the urine.

12. "We have a clear ammoniacal soap formed in the urine, and a beautiful provision," &c.

Such are the statements to which I would first direct attention; and although in common, I doubt not, with many others, I have long been accustomed to examine into the state of the urine during the continuance of typhus fever, and, from observations often repeated, am aware that certain changes do take place in the urine; yet my own views as to the changes themselves do not agree with those of Mr. Ross. A most important source of fallacy I may here introduce, in the words of M. Becquerel. "Dans les majorité des cas j'ai trouvé l'urine modifiée d'une manière notable; tant que la fièvre état intense et avant que la periode adynamique fût établie, l'urine fût trouvée avec les caractères de l'urine fébrile; peu abondante, fortement colorée, dense, chargée d'acide urique; ou y trouvait parfois du sang, de l'albumine, &c. En outre, elle a eu plusieurs fois, plus que dans ancune autre maladie, une tendence singulière à la decomposition une fois sortee de la vessie. La rapidite et la facilité, de cette decomposition spontanée étaient genérálement en rapport avec la gravité de la fièvre.

"Mais lorsque la période adynamique vient à se prononcet, deux cas peuvent se presenter. 1. Si la fièvre a une grande intensité, diminution de quantité coloration assez forte, fréquents sédiments par l'acide urique mais faible densité. 2. Dans la cas contraire, les urines deviennent pâlle, pen denses, penchargees."

The most remarkable characters in the urine in typhus are its increased density, diminished quantity, and great tendency to decomposition. The "deposit of phosphatic salts" at the onset of typhus, and of "oily film," floating on the surface of the urine, are entirely the results of decomposition, and the latter is neither oil nor fat. If the urine be examined soon after it is passed, it is found to be acid, and presents no pellicle. During the latter stages of the disease, as Dr. Graves has well pointed out, the urine frequently contains carbonate of ammonia and phosphates, &c., but these I believe to be always secondary, and to arise from the retention of the urine in the bladder. The "pus" Mr. Ross once found could not have been such, and for the following reasons:—If arising from inflammation of the passages, it must have been accompanied by mucus, and probably blood. From the action exerted upon it by potassa, in causing the precipitation of a gelatinous deposit, the supposed pus undoubtedly was nothing more than phosphates. The means employed by Mr. Ross for the purpose of ascertaining the nature of this deposit were vague and uncertain; microscopic examination would have at once decided it.

Statements 6th and 7th are quite opposed to facts. Most extensive disturbance of the skin continually occurs without giving rise to albuminous urine. In all forms of acute fever is the skin and its functions materially interfered with; but is albumen found in the urine in such cases? Had Mr. Ross been acquainted with the valuable experiments of Mr. Robinson, he would have arrived at a conclusion, now I think clearly established, that albumen never appears in the urine save when the kidneys are either congested or organically diseased, and he would have learned that "the presence of albumen in the urine is produced by, and its proportional quantity is in a direct ratio to, the degree of congestion of the capillaries of the kidney, from whatsoever cause that congestion may arise."

The urea in the urine of typhus does not exceed the normal proportion; the increase is apparent, not real; the quantity of urine is diminished, and hence the source of fallacy. When Mr. Ross alludes to the readiness with which a formula might be made, I am no longer opposed to him; nothing can be more easy. The addition of a little oxygen, or subtraction of a little hydrogen, as necessity or convenience may dictate, quickly enable even a dull theorist to frame applicable formulæ by the dozen. But they prove nothing, and in their lavish employment I see no future advancement in medical knowledge, unless the formation of a new exercise in arithmetic for medical students can be called such.

The "typhoid ammoniacal soap" in urine I have not had the exceedingly good fortune to see. By the addition of an acid to the urine in typhus, I have very frequently precipitated the lithic acid, but the fat and fat acids are to me, in the urine of this disease, as things that are not.

That the pain accompanying a lithic acid calculus is dependent for its production upon the presence of urea, is quite unfounded. If this were true, why does not pain occur in those cases in which urea is constantly in excess, but where no calculus exists?—and why is pain present in cases of phosphatic calculus, where no excess of urea takes place?

In the construction of formulæ Mr. Ross has been particularly unfortunate. He observes, "If to two equivalents of oily matter we add one and a half of uric acid," &c., to which he then adds three equivalents of oily matter, after all of which *he is still in want of two atoms of oxygen;* and because one and a half equivalents of uric acid, with three of fat, come tolerably near the mark—*ergo,* "uric acid is a most important agent in the assimilation of oily matter." I cannot but believe that uric acid has nought to do with it; uric acid is an excretion which, if retained, certainly acts as a poison. If, therefore, a considerable quantity of it be *carried* from the secreting structure, by union with other matters, its quantity ought to decrease in the urine, whereas we know that it is really increased.

In the perusal of the whole of that portion of the paper relating to the urine, I cannot find a single characteristic sign mentioned; the only one existing (albeit, unknown to Mr. Ross) consists in the tendency to rapid decomposition. With regard to the urine being all "invariably acid" in typhus, this statement would be another ground, because it is remarkable that typhus is the only disease (excluding calculus) beside to which it is subject.

I now proceed to notice one or two portions next assumed by Mr. Ross, and, firstly, the statement "that the flexed position into which our limbs naturally throw themselves, during sleep, is that in which the contractile force of each muscular fibre is most accurately balanced by that of its opponent." This view I believe to be erroneous; our muscles, at least the voluntary muscles, are in an entire state of relaxation. Why, let me ask, does the typhoid patient lie upon his back? Because a certain amount of muscular power is required to place the body on its side, when in health. During sleep, whilst lying on the back, the weight of the abdominal viscera, resisting or opposing the descent of the diaphragm, produces a difficulty of breathing; this is avoided by turning on the side, and placing the body in such a position as is retained by the force of gravity.

When a typhoid patient has once fallen into a position on the back, a certain muscular force is required to replace it on the side; a deficiency of such muscular power, and the obtunded sensation of the patient, preventing the appreciation of any ordinary degree of pain, cause him to remain in that position. When the body is placed on the side, muscular tone has nothing to do with keeping it in that position.

The essence of typhus fever is a pecular affection of the nervous system; what state the nervous system may be in we are ignorant of, but not quite so ignorant as Mr. Ross's theories would make us believe. Nor do we know whether such affection of the nervous system be primary or secondary through an altered condition of the blood.

The altered condition of the blood is the only *constant* morbid change observed in the body after death. The minute alterations in the nervous system we do not at present possess means for detecting; but we nevertheless recognise them by their effects. In most cases of severe typhus the utmost prostration of muscular power exists, and the senses are obscured to a great degree, both conditions depending upon the same causes: some alteration in the nervous system, a "peculiar change in the substance of muscle," cannot be received as the cause of muscular powerlessness; otherwise, how is the violent and constant action of the muscles, when delirium tremens or subsultus tendinum is present during the course of the fever, to be accounted for? If the want of power depend upon a change in the substance of the muscles themselves, how does it happen that we can produce a temporary muscular power by agitating and rousing the patient? Again, the example of muco-enteritis proves (as nearly as proof is admissible) that the nervous and not the muscular system is that which is affected. It is well known that any affection of the alimentary canal, a structure so well supplied by, and so nearly related to, the nervous centre in the abdomen, speedily influences the whole system. A violent blow at the epigastrium has produced a speedy death; a few drops of a foreign fluid in the abdomen may immediately produce most severe nervous symptoms—facts which furnish us with abundant evidence against the opinions which have been adduced. Nor can I agree with Mr. Ross, "that the stage of typhus in which the muscles is most decidedly influenced in the condition of the nervous system is that of relaxation." I believe that in the state of subsultus tendinum the nervous system is more affected, and the muscular more influenced by the nerves, than in the state of relaxation, but that the muscular and nervous systems in typhus always bear a strict "concurrent relation to each other."

The mechanical cause of the congestion and effusion met with in the brain, supposed to depend on the absorption of fat, is the next point to which I shall refer. Recollecting the various provisions made to prevent the production of disease from the sudden propulsion to, or subtraction of blood from, the brain (a subject which has lately been well discussed by Dr. George Burrows in the Lumleian lectures*), I may fairly ask, how are the experiments of Mr. Ross to prove that there is less fat in the cerebral substance in typhus fever than in health or in other diseases? Again, why does congestion as constantly occur in the lungs and in other organs of the body?—and has it been proved that they have also lost their fat? Chemical investigation would have cleared away many of the difficulties; such examination would not have entailed much labor or difficulty, but no experiments appear to have been made. Moreover, how is it that in all chronic diseases in which, as Liebig states, the fat of the body, the substance of the muscles, the nerves, and the brain, are unavoidably consumed, the space left in the brain (vacuum) is not filled by blood, and congestion produced? Moreover, Mr. Ross states "that the injection of the brain was greatest in those cases *in which death ensued quickly*." If the congestion really arose from this cause, it ought to be found most abundant in those who died slowly, or in those in whom existence was prolonged, because in the latter the absorption and "vacuum" would be greatest. The views of our author here, as in other instances, contradict each other—nay, more, they contradict facts. This observation of Liebig is opposite to our experience; one, amongst many other examples, may be quoted in the cure of phthisis, in which disease some of the organs of the body are often found enlarged.

We are next told, concerning the lymphatics and lacteals, that when the glands of the mucous membrane are in a state of suppuration, the minute plexus of vessels and absorbents in the mesentery is more injected than usual. This effect is, then, considered of the same nature as that arising from the action of a poison applied to the surface—as, for example, in the case of mercurial inunction, &c. Thus it is, we are informed, that typhus, however introduced, causes inflammation of the absorbent lymphatic system of the abdomen.

The assertions relative to the lymph containing as much fatty matter as blood, I cannot argue upon, because it is well known that in the accurate analysis of our countryman, Dr. Rees, in whom I would place great confidence, the fatty matter present amounts but to a very small quantity. Moreover, I quite agree with the original assertion of Hunter as regards the absorption by the lymphatics, in health, of the waste matter of the system. Of course, in disease we know the lymphatics do absorb the fat, but this has been long known; the hybernating tale is well nigh as old as Adam.

In the commencement of the third paper, we are told that "the removal of the eruption about every fourth day, as stated by Chomel and Louis," is a stronger evidence than the very existence of the eruption itself in support of the opinion of the eruptive character of typhus. I regard this as an argument of the same class as many of those I have already alluded to, and, as such, may dismiss it, for I have now arrived at the author's doctrine, which is nothing more than the old one of Liebig in a new form. The virus is supposed to act as a ferment, and creates, in the ultimate molecules of the system, the same kind of action as exists in itself. In this manner is explained the action of the variolous virus; and it is worthy of remark, that not one word is said in the paper relative to the mode of action of the virus in the case of typhus; it is altogether disregarded.

The subject of treatment next presents itself, but I hesitate to enter upon the question, inasmuch as this portion of the paper of Mr. Ross appears to me to be still more erroneous and injudicious than are his theories. I have already extended my remarks to a greater length than I had intended, and shall, therefore, defer making any further allusion to the treatment of typhus, at least for the present. In conclusion, I may be permitted to apologise for having thus ventured to occupy attention so long, by discussing theories which, founded in error, seem to carry with them their own refutation; and I should scarcely have intruded these last observations upon the notice of the readers of the Provincial Medical Journal, had I not, in a late number, observed that a very talented contributor had joined in the praise which the ingenuity of Mr. Ross's views may elicit, but which their correctness cannot entitle him to. I make no apology to the author for having thus discussed very freely the opinions he had advanced, believing, as I do, that his object, like my own, has been the endeavour to aid the advancement of medical science.

London, May 26, 1843.

CASE OF FEMORAL HERNIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The following case so strikingly exemplifies the importance of the practitioner personally examining the usual seats of hernia in all instances of sudden abdominal attacks, and not resting satisfied with the assurances of his patient, that it may not be undeserving of being recorded.

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* Medical Gazette.

Notwithstanding every one admits the truth of this surgical axiom, I have reason to believe, from what has occurred within the sphere of my own observation, that life is not unfrequently sacrificed by forgetfulness of it, or by a false delicacy, leading to an insufficient investigation. The case is likewise curious, showing, as it does, how large a hernia may exist without the patient being aware of its presence.

I am, Gentlemen,
Your obedient servant,
W. H. MORGAN,
Surgeon to the Bristol Infirmary.

Bristol, May 25, 1843.

A few evenings ago I was sent for to see an elderly female, who had been suffering from pain in the bowels and vomiting since the early part of the day. I found her laboring under the symptoms that would attend a strangulated hernia in an early stage. They had commenced gradually, and without any obvious cause, and had progressively increased. Some aperient medicine, which she had taken shortly before my visit, was immediately rejected. She stated that she was never the subject of rupture, and was quite positive that nothing of the kind was present. With some reluctance she permitted me to examine the groins, and on the right side I found a femoral hernia, the size of a pullet's egg, overlapping Poupart's ligament, and very prominent. As soon as she saw it she exclaimed, with evident surprise, "Bless me! I had no idea there was any swelling there." It was a little tender, but not otherwise painful, and was reduced by the taxis in a few minutes, with complete relief to all her symptoms.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JUNE 3, 1843.

In contemplating the advancement of any great public good, it is ever a most gratifying task to be able to connect each onward step with the praiseworthy efforts of its promoters. Rarely does it happen that labors such as these originate with, or are maintained by, a single individual; but in the consideration of the subject to which we shall beg leave to direct the attention of our readers, we are enabled at once to trace back the origin, development, and increasing advocacy of one of the most important questions in relation to public *hygiene* to the labors of one individual, a member of our own profession. It is a practice too frequently adopted both in matters relating to forensic medicine and medical police, to abnegate the necessity for summoning to the assistance of the legislature the knowledge and experience of the profession. Take, as an example of the former, the difficult question of insanity; it is true, medical testimony may be called for; but it is not permitted to influence the general principles upon which the law still continues to decide the question of personal responsibility, and this, moreover, with the knowledge that such principles were framed at a period when little or nothing was known of the nature or treatment of mental alienation. The recorded opinions of a Hale or an Erskine are still daily called to aid the judge in deciding upon subjects which pathology alone can correctly determine—still is the *dictum* of the lawyer the admitted substitute for more exact knowledge. Medical opinion and medical evidence exert no positive influence in the decision of such cases, however completely they may be within the province of our art, unless, as in a recent example, a long train of medical witnesses happen to give the same evidence as to matters of observation, and when the part they are made to play is the same with that of any non-professional witness.

The same is true with reference to subjects of medical police, in which professional opinion too frequently is either unsolicited or disregarded. With so little encouragement to proceed in a difficult and unpleasing investigation, he deserves peculiar praise who comes forward as the advocate of any important question in relation to either of these branches of medical science. Perhaps no question has arisen in late years possessing so large a share of importance in reference to the health and, to a certain extent, the moral welfare of a people, as that which relates to the interment of the dead in the midst of the living—a custom disgusting in itself and the undoubted source of many of the fatal maladies so constantly occurring amid the poor and densely populated neighbourhoods in our great metropolis.

In Mr. George Alfred Walker we recognise the untiring and successful opponent of a custom so baneful, and, from the limited views of parochial economists' so general, amongst us. The labors of the author of "Gatherings from Graveyards" are too generally and too favorably known both to the profession and the public, to need any recital at our hands; but it is with pleasure that we are enabled to record his unwearied perseverance, as we also hope ere long to record the complete fulfilment of the excellent project whose advocate he is. Those who have perused the works of Mr. Walker must have become fully conversant with the extent to which intra-mural interment is carried, and of the deleterious agency which such practices produce. That the source of much of the disease occurring in the crowded neighbourhoods of London, more especially in those immediately adjacent to large parochial churchyards, is to be found in the noisome effluvia and gaseous exhalations generated by the continued decomposition of animal matter *very near*, and by no means unfrequently *upon*, the surface of the ground, is most incontestably proved; and influenced as the chemical changes taking place in these putrescent masses are by heat and moisture, or, in other words, by change of season and temperature, we can at once account in a great measure for the frequent increase of sickness which so commonly obtains at different periods of the year in the localities to which we have adverted.

In the immediate vicinity of Mr. Walker's residence, Drury-lane, the diseases often prevalent (which we have ourselves had no little experience in observing) most fully corroborate the statements of our author. In one churchyard (and we allude to that in Portugal-street) we have frequently witnessed the revolting circumstances to which the public attention has been now directed.

The means by which emanations from churchyards may act in causing sickness as well as the form of disease produced, are mainly influenced by the more or less concentrated state of the effluvium itself, varying from sudden asphyxia to the more slowly developed *malaise* which results from the action of the gaseous exhalation in a more dilute form. Opposed as the chemical character of the effluvium itself may be as compared with that of the surrounding atmosphere, yet, by the law of diffusion of gases, we at once perceive how such emanations may mingle with and impregnate the air, and thus extend their deleterious influence to parts comparatively remote.

We cannot better explain this important feature in the inquiry which has so long occupied Mr. Walker's attention, than by the following quotation from a series of letters, lately written for the purpose of calling public attention to the subject of interment:*—

> "A graveyard presents an excellent absorbing surface, its dark color and its loose texture affording the conditions most favorable for this process; hence, during day, the superficial stratum of earth freely absorbing the heat emitted from the sun will have its temperature thereby raised considerably above that of the superincumbent atmosphere. Now, as heat is freely communicated from one body to another in contact with it (by conduction), until an equilibrium of temperature be established, the layer or stratum of atmospheric air, lying immediately above or upon the surface of the earth, receives from the latter portions of the solar heat which it had previously absorbed, and, being thus rendered specifically lighter, rises (as a balloon containing air rarefied by heat) to the higher regions of the atmosphere, its place being immediately occupied by another portion of cold air, which in like manner becomes heated and ascends, thus establishing a continued upward current.
>
> The effects of such currents, most powerfully assisted by the diffusibility of the gases eliminated (which is greater as their weight is less) in dissipating and diffusing the gaseous products of human decomposition through the atmosphere, cannot be misunderstood, and ought to be fully appreciated. It is difficult, if not impossible, to calculate the distance to which such emanations may extend. The risk to persons inhaling an atmosphere thus deteriorated will depend upon the degree of its dilution, the period of time during which they may be exposed to its influence, and the power of resistance of the individuals themselves."

To review the vast heap of evidence adduced by Mr. Walker would be a task which our limits will not allow us to attempt; as the results of his labors we may state that every assertion made by Mr. Walker, when he first became the avowed opponent of intramural interment, however startling they may have been deemed, have been by his subsequent researches most completely established, and leave no room for doubt on the minds of any that the interment of the dead in our crowded cities is a cause of much of the disease and misery existing within; whilst the revolting practices pursued, too often under the direction of parochial authorities, are such as to call for the loudest censure, and still more fully bear out the truth of Mr. Walker's position.

For the present we take leave of him and his labors; the great importance of the subject will probably induce us shortly to return it. Heartily do we congratulate Mr. Walker, and trust soon to see his excellent efforts rewarded by complete success.

NEWCASTLE-ON-TYNE INFIRMARY.

[*Practice of Sir John Fife.*]

(Reported by Mr. Gibb.)

CASE OF LITHOTOMY.

Thomas Shaw, aged eight, North Shields, was admitted into the Newcastle-on-Tyne General Infirmary, April 6, 1843, under Sir John Fife, with calculus vesicæ. His mother says she noticed him to be suffering for about eighteen months; he had difficulty of making water, and had severe pain in the perineum when the last drops of water were expelled; no pain in the loins, but occasionally in right inguinal region; remained in that state, better and worse, for nine months, when he was first seen by a surgeon in North Shields. At that time had great difficulty in making water, with swelling in the scrotum; was leeched in the perineum, and took medicine, which relieved him much; was obliged to have his water taken away. About five months ago was sounded, when a stone was discovered.

April 16. Was sounded after a good deal of difficulty, on account of the urethra being concealed by phymosis; a calculus was felt, which Sir John Fife thought was in the prostatic portion of the urethra; the stone was distinctly felt through the rectum; the prepuce was then slit up.

19. Slept very well, and is very lively; had an injection at seven this morning, which purged him freely; at half-past nine, a.m., had fifteen minims of tincture of opium, before taken into the operation-room.

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* Interment and Disinterment; or a Further Exposition of the Practices pursued in the Metropolitan Places of Sepulture, and the Results as affecting the Health of the Living. By G. A. Walker, Surgeon.

Operation.

With much difficulty a grooved staff of small size was introduced, the irritability and smallness of the urethra being such as to resist the passage of a grooved staff which Sir John Fife, on a former occasion, used in operating on a child of two years' old. The groove was partly on the convex, and partly on the right side of the staff. The contraction of the bladder not only expelled the urine, but forced back the joint of the staff, so that, as the patient lay on the table, the instrument, though a short one, did not seem to be well into the bladder.

Sir J. F. made a free external incision from the side of the bulb of the urethra past the tuberosity of the ischium, then made a short second incision at the upper part of the wound, directed the knife (Liston's) by the forefinger to the membranous part of the urethra, and gently pressed it into the bladder. The small forceps were then introduced, the stone immediately caught, and extracted without force. The operation lasted nearly two minutes; some oiled lint was left in the wound.

The stone was nearly the size of a pigeon's egg, and its oval form had an hour glass irregularity, accounting for the distinctness with which it was felt sometimes, by the sound in the prostatic portion of the urethra.

Afternoon. Had a little pain after the operation, which soon went off, and now feels quite easy, having had an hour or two's sleep; no hæmorrhage. Five o'clock: Was rather uneasy, and the lint was taken out of the wound; urine flowed directly, from which he felt relief.

10. Feels tolerably easy; slept very well for three or four hours, but felt very uneasy about three o'clock, which went off again; pulse quick; no thirst; bowels gently moved; urine flows by the wound.

May 23. Urine flows by the urethra, and the little patient is convalescent.

URGENT MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Seeing an article under the head "Urgent Medical Relief," in your last Number, I should feel obliged if you, or any of your numerous readers, would give me advice in the following case of a similar nature:—

In the district I reside, the medical gentleman who attends the union is frequently "not at home," and the paupers apply to me. Many times I have attended cases of midwifery at the importunity of the poor creatures, who could not get the assistance of the appointed medical officer. At length I determined not to listen to any of these applications, but the following case was so forced upon me that, I may say, I was compelled to attend it:—

On the 8th of March, 1842, I was roused up at one, a.m., to attend a labor, and, finding it to be a pauper case, I declined going. The messenger informed me they had applied at the "town's surgeon's house," and he was "not at home," nor could they learn where he was. I requested them to return and learn this point, so that they might follow him. They did so, but could get no information about him, and they again returned to me; and, as I still refused to go, they at length obtained for me the following order from one of the guardians who resides near, and to whom they had explained the case (the relieving officer living more than two miles from hence):—

(Order.)

"Mr. ——,

Sir,—Please to attend on —— wife; she is in labor, and the town's doctor does not attend, nor will his wife send for any other medical man. It is very improper for her to be in this state, and has no one to attend her. If you require assistance, send for some one you know will come.

Yours,

——,

Guardian of the Poor of ——.

March 8, 1842."

I immediately went to the case, and it proved to be one of extreme difficulty and danger. I, therefore, sent for assistance to a neighbouring town, four miles distant. I and four other medical gentlemen were engaged most of the following day with this case, and it terminated fatally about twenty-four hours from the time I was summoned, having required the Cæsarean section. In about three months I went to the board of guardians, and presented the bills, together with the order I had received.

The clerk to the board immediately informed me he could not pay it. "It was certainly very kind of Mr. ——, the guardian, to send such an order, but they alone was responsible for it." He said no guardian had a right to give an order, except there was a meeting of the board called. (The idea of a meeting of the board of guardians being called in the night is certainly absurd.) Finding I and my colleagues could not get paid, I wrote to the poor-law commissioners; they informed me the case should be investigated. This, however, has *not* been thoroughly done; and, not hearing from them in a few months, I wrote again, requesting their advice, but they have returned me no answer. I should, therefore, feel obliged by your advice on this subject.

I am, Gentlemen,

Yours, &c.,

May 26, 1843. H.

INFLUENCE OF SEASON ON SICKNESS.

Dr. Guy, of King's College Hospital, has published an interesting essay in the last number of the "Statistical Journal" on the influence of the season and weather on sickness and mortality. The conclusions deduced by the author from an examination of the mortality bills and registry kept at King's College Hospital and the Carey-street Dispensary are—

1. The amount of sickness in the central districts of London during the year 1842 varied directly as the temperature, being a maximum in August, the hottest month of the year, and a minimum in January, the coldest month.

2. The diseases which determined the order of sickness were febrile and catarrhal affections, the contagious exanthemata, and the disorders of the digestive organs, to which may be added the mixed group, consisting of gout, scrofula, &c.

3. The diseases of the organs of respiration followed the inverse order of those already mentioned, and were inversely as the temperature, being most numerous in the colder, and fewest in the hotter months.

4. The temperature did not appear to exercise a marked influence on the other classes of disease.[*]

5. The hygrometric state of the air appeared to have little effect on disease, and if it produced any effect it was on the diseases of the organs of respiration, which were in excess during the months in which the quantity of moisture in the air was the greatest, but these were also the coldest months.

6. The mortality for the metropolis during the year 1842, was greatest in the first quarter and least in the second, and was inversely as the sickness, except that the mortality of the third quarter exceeded that of the fourth.

7. The diseases which chiefly influenced the order of the quarters in respect of mortality were those of the chest, to which may be added, as following the same order, the decay of nature in the aged.[†]

8. The order of the seasons in respect of sickness and mortality differs year by year, and does not admit of being reduced to any precise rule.

9. As a general rule, but one admitting of many exceptions, it may be stated that the amount of sickness tends to vary directly, and the amount of mortality inversely as the temperature.

CRUDITIES CONCERNING MEDICAL REFORM

PROPOUNDED TO PRACTITIONERS.

By "A Practisour of Phisike."

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

When so many are crowding in from all parts to lend a brick, to demolish an unsightliness, round off a corner, or add an ornament to the edifice of medical reform, I shall not be deemed presumptuous, I hope, in asking for a small space to roll my tub in, that I may escape the reproach of being thought idle when my *confrères* are so busy. I have hitherto been a mere looker-on, a curious spectator, content to watch the ebb and flow of the tide, but not very desirous of embarking, or adventuring in the good ship Reform, until I could ascertain whither she was bound, and whether her craftsmen pulled well together. Such would seem to be the case at present. We are beginning to see our way more clearly and to understand where we would fain arrive at, and to agree more heartily on the best means of getting thither. To please all parties may be looked upon as a perfectly impracticable attempt, for according to whether a person practises in a large city, or a rural hamlet, in town or country, in a manufacturing or an agricultural district, so will he be disposed to regard the question in different aspects. To hope that any plan of reform can obtain the unanimous assent of the entire profession would be a hyper-Utopian idea. But any measures that may be introduced for the better regulation of the medical profession which are not calculated to give *general* (mind, I do *not* say *universal*) satisfaction to the majority should be discountenanced. Every member of the profession who has given the subject any consideration must have formed some opinion, and that opinion, of whatever nature it may be, he would do well to express. When we have given every man a fair hearing, when we have had numerous dissections of the disease, its nature will become apparent, and to exhibit such remedies as will cure the disease without injuring the whole constitution will become an easy task.

So, brother chips of the Hippocratic block, *voici mes idées*, read and judge.

The *mega kakon* of the medical profession is the confusion of ranks and interfusion of portions which should be kept separate. The physician is apothecary, the apothecary physician, the surgeon gets behind the druggist's counter and compounds, and the vaulting druggist "o'erleaps" his counter, and prescribes. The general result is confusion worse confounded, and the gentle public can no longer distinguish "which is the dog and which the lion." The medical profession admits but of two grades, which, being disparate, ought to be separated, and kept separate; these are the *prescribers* and the *compounders*. In the first division I include the properly qualified physician, surgeon, and obstetrician. To the second belongs the apothecary, such as he was formerly when *pharmacie* was the handmaiden of *medicine*, and sought not to usurp authority over her old mistress, nor to push her from her chair, as she has done of late years. Why should there be differences of title and distinctive appellations given to medical men, all of whom are engaged in the practice and cultivation of the same art? This should not be.

Medical men ought to have one general designation, into which should be merged the distinctive titles now in use—doctors in medicine, licentiates in medicine or surgery, members of colleges of surgeons, bachelors of medicine, &c. &c. I know of none more proper, none more popular than that of "doctor," by which we are designated by the public almost from the moment we commence the study of medicine; always, after we graduate, whether we be of Oxford or Cambridge, Edinburgh, Dublin, or London; whether we be M.D.'s, or M.B.'s, or M.R.C.S.L.'s makes little difference with the "discerning public." "Doctors" is the epithet—the handle prefixed to our names by all who know us—or more emphatically still, "*the doctor.*"

Let an act, therefore, be passed, in virtue of which all the *properly qualified practitioners* of the United Kingdom (by which I mean all those who possess a degree or diploma in medicine, or in surgery, from any one of the *Universities*, or from any one of the *Colleges* of Surgeons in England, Scotland, and Ireland) shall be entitled to have and to hold from henceforth the title of "doctors in medicine;" or, if more generally preferred, that of "doctors in medicine and in surgery;" and let these persons be registered as such; let lists be then drawn up and published at the joint expense of *all* the licensing bodies. The effect of such measures as these would be, that no interloper in exotic plumage could seek to practise in any locality without immediate detection and exposure. A simple reference to the authorised list would determine in a moment whether the *quasi-medico* were a British graduate — if not, let a penalty be inflicted.

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[*] With the exception, perhaps, of those which form a measure of the activity of the sexual passion, which were in excess during the hottest months of the year—a fact which corresponds with, and corroborates our experience of, the influence of the seasons on crimes against the person, &c.

[†] It is well known that the most common cause of death in the aged is an affection of the lungs, called "bronchitis senilis."

For the future I propose that all medical corporations now entitled to confer degrees shall preserve this power unaltered, but that the plans of education shall be made exactly similar in all; the courses of lectures, the fees paid for attending those lectures, the same; the number of years' study required, and the preliminary education, the same; the examinations, the degree, and the fees on graduation, the same in all. And, moreover, the certificates should be made mutually interchangeable, and be esteemed of equal value in one college as in another; so that a pupil or student may, if he so please, spend a year in Dublin, a year in London, a year in Oxford, or a year in Edinburgh or Glasgow, and afterwards graduate in Cambridge, if he feel so inclined. When the expenses, the facilities, the difficulties, and the privileges have been thus assimilated, convenience, or the celebrity of its professors, will be the sole inducement for preferring one university or college to another; and with one uniform appellation, one kind of degree or diploma, conferring an exactly similar amount of qualification, equally valuable in every part of the British dominions, there will be little room left for the petty jealousies which at present disturb the tranquillity of the profession. When all are alike, it will be a work of supererogation for Dr. Doolittle to " cock up his beaver," and say, " I am of Paul," while Mr. Fingerfee fiercely exclaims, "I am of Apollos; I am greater than thou." As at present, the graduate may, according to the bent of his inclination, or the nature of his *locale*, practise as physician, surgeon, or accoucheur, except, indeed, he prefers being (as Mrs. Malaprop says) " the three gentlemen at once."

Having disposed of the " prescribers," let us turn our attention to the " compounders." They might retain their old name of " apothecaries," or, if they wish to be fine and fashionable, let them denominate themselves " pharmaciens ;" we shall not quarrel about a name. Their exclusive employment should be that of making up the doctor's prescriptions, cupping, leeching, &c.; their *habitat* should be their shop and laboratory; they should be prohibited from poaching amongst the doctor's preserves. Let not

> ——" Modern apothecaries taught the art,
> By doctors' rules to play the doctor's part,
> Bold in the practice of mistaken rules,
> Prescribe, apply, and call their masters, fools."

Ne sutor ultra crepidam. They " manage those matters better in France." Look to the admirable " Ecole de Pharmacie" at Paris, restricted rigidly to its own proper domain, the endeavours of its professors have been directed solely to its better cultivation, and the results are before the world. What do we not owe to the Pelletiers, the Guibourts, the Chevalliers, the Robiquets, &c. &c.!

The " pharmaciens " of France dare not make up pill, powder, or potion, without the physician's " ordonnance," much less would they venture to prescribe.

The lamentable difference and deficiency in this country depend in a great measure on the strange position which the Apothecaries' Company holds in reference to all other medical corporations. The privileges its diploma confers (or is supposed to confer) are superior to those of any other licensing body in the United Kingdom, whilst the preliminary education and the necessary expenses required for obtaining it are proportionately less.

The Apothecaries' Company of London is neither " fish, flesh, fowl, nor good red herring;" but an anomalous something, as nondescript as that garment which was described as being " neither coat, waistcoat, nor breeches, but a sort of *Katharine dance!*" It should be reduced to its original level, or else raised to the elevation it aspires to, and a fresh charter granted to it, which should confer the legal right to grant degrees or diplomas, according to the plan proposed in a foregoing part of this paper, and in its place a " school of pharmacy" established, empowered to teach and license " pharmaciens," and given authority to prosecute and fine all druggists or chemists not being licensed by them, who should be found transgressing on their privileges by compounding medicines. And if all their licentiates were registered, and lists of them published, interloping in pharmacy would be detected as readily as interloping in medicine, and might be punished accordingly. The different apothecaries' companies in the United Kingdom should be assimilated analogically with what I have proposed for the medical corporations.

My last proposition has reference to the fees to be paid medical men. I propose that the standard fee shall be *five shillings.* Many are deterred from sending for the regularly-educated practitioner, by the dread of paying the *nominal* fee of one guinea, who would very willingly send when they would only have five shillings to pay for his visit. In reality, physicians now-a-days very often receive but one guinea for three visits, and I am inclined to believe that many (if they would acknowledge it) do not on the average receive more than five shillings a visit, especially in long attendances.

If the plans I have proposed were carried into execution, I am firmly persuaded the incomes of both " doctors " and " apothecaries " would be considerably greater than they are at present, and a larger share of harmony would pervade the profession after the removal of so many elements of discord.

Although I have named a small sum as the general fee, I would not be supposed to limit it to this in all cases; as a man's practice increased, as he got older, and in proportion as his time became more and more valuable, it might be tacitly understood that he expected a much larger fee. If I am not misinformed there is some such tacit convention now at Paris, where, although the usual fee is five francs, such men as Andral, Chomel, Rayer, &c., commonly receive from twenty to forty francs.

I have the honor to remain, Gentlemen,
ex abrupto,
Your most obedient servant,
A Practisour of Phisike.

Damnonia, May 26, 1843.

RETROSPECT OF THE MEDICAL SCIENCES.

HEMIPLEGIA FROM TYING THE COMMON CAROTID ARTERY.

A man was wounded, on the night of the 11th of April, behind the right branch of the lower jaw. A large arterial jet of blood instantly flowed, which was in vain attempted to be staunched by means of compresses. Dr. Francis cut down on the wounded artery and applied a ligature to the vessel, which arrested the hæmorrhage for three days. After this it returned with double intensity, and even the turniquet failed to arrest it completely. On the 23rd of April, Professor Sedillot was called to see him, and resolved to cut down on the common trunk of the carotid artery, and throw a ligature around it, as an aneurysmal tumor had formed at the site of the wound, and the parts over which the turniquet had been applied were in a gangrenous state. A ligature was with difficulty thrown around the vessel, the diffuse phlegmonous inflammation having confused the aspect of the parts. This ligature arrested the hæmorrhage, and the pulsation of the tumor disappeared. When the operation was performed the patient was in a state of extreme prostration, so that the other consequences of the ligature, other than what is stated, were not then observed; but when visited three hours afterwards, it was found that complete hemiplegia of the left side of the body and the right side of the face had taken place, and the intelligence of the patient was so far destroyed that he scarcely comprehended questions addressed to him. He died on the 2nd of May.

The vessels were injected previous to opening the body, and when the skull-cap was removed and the brain examined, to ascertain, if possible, the cause of the hemiplegia, it was found that the arteries distributed to the right middle and anterior lobes of the brain were much less injected than those of the left side. These same lobes were also appreciably softer in consistence than those on the left side, but had apparently undergone no other change. No serous fluid was found in the ventricles, none on the surface of the brain. The hemiplegic symptoms, then, had apparently resulted from that side of the brain having been deprived of its due proportion of arterial blood. As the chief interest of this case depends on the hemiplegic symptom and the probable cause, it is unnecessary to detail the other morbid appearances.—*Gazette Médicale de Paris*, and *Edin. Med. and Surg. Journ.*

EPILEPSY AND TIC DOULOUREUX CURED BY THE NITRATE OF SILVER.

The "Bulletino del Sci. Med." for March contains an account of a case of confirmed epilepsy, and one of severe tic, cured by the nitrate of silver, given in doses of one-sixteenth of a grain twice a-day.

AIR IN THE STOMACH A CAUSE OF INDIGESTION.

In order to insure the perfect performance of the digestive process it is necessary that the muscular contractions of the stomach should be effectual, the vermicular to mix the gastric juice with the food, and to remove the chyme, when formed, from its surface; and the tonic, or compressing action, to assist the former, and force the newly formed chyme through the pylorus into the duodenum. But when air is present in the stomach it becomes interposed between the alimentary mass and its inner surface, the consequence of which is that the muscular efforts of the organ act without effect; the food, which may be of the most digestible materials, remains almost without motion, in the most dependant part of the stomach; the chyme, instead of being forced through the pylorus, remains mingled with the half resolved food; and that which in the normal state is a grateful and healthy stimulus becomes a source of irritation, and the whole train of dyspeptic symptoms supervenes. For the same reasons it is that constipation so frequently accompanies this affection; for by the presence of air in the intestines the muscular contractions, by which alone their contents are impelled forward, cannot act with their necessary effect, and the retention of the fæces is the result.

In support of these opinions, I may add that a common cause of an attack of indigestion is over-exercise while the stomach is empty, for example, long walks before breakfast; for, after the lengthened fast of twelve hours, the vascular system is rendered, by an additional source of debility, in a state most favorable for the absorption of air, which, in a short time, is effused into the stomach. The morning repast is then taken, which, by the previous presence and continued effusion of air, is prevented from being properly digested, and an attack of indigestion follows; this may be prevented by taking coffee, and a biscuit, before undertaking the exercise; the practice will then be unattended by any unpleasant result.

From the foregoing considerations we are enabled to infer that the best means of relieving the dyspeptic symptoms are by appropriate carminatives to expel the air; or, which is more effectual, a mustard emetic, which at once gets rid of all offending matters. The careful avoidance of all those causes which have been observed to favor the production of intestinal gas, before enumerated; a supply of nourishing food, and the occasional exhibition of those medicines which are known to improve the tone and strength of the vascular system generally, and produce a healthy plethora of the vessels, will be found to constitute the most successful line of treatment. I need scarcely observe that all depletory measures, such as the exhibition of purgatives, are those best calculated to increase the malady, and should be carefully avoided.

In conclusion, I must disclaim against the suspicion that I view flatulence as a *sole* cause of dyspepsia. This I have brought forward, not having observed it alluded to in the many valuable treatises on stomach disease with which our medical literature abounds, and conceiving it to be the most tangible and most easily demonstrated source of the affection.—*Dr. Steel, in Dub. Med. Journ.*

EMPLOYMENT OF RESTRAINT IN THE TREATMENT OF INSANITY.

Some persons have gone so far as to suppose that all insane persons might be managed without restraint, a conclusion not warranted by reason, nor confirmed by experience. The system, indeed, of non-restraint has been so strongly advocated, and the public led to consider all restraint as cruel and unnecessary, and that a system of kind and watchful treatment is only required; that I cannot refrain from expressing my opinion, that, agreeable as this method would be to all humane and considerate persons who have the care of these unfortunate individuals, it will not *alone* avail. The minds of the insane must be operated upon by control, either in fact or in idea. The greater number may, and certainly ought to be, rendered tractable without bodily restraint; but we must attribute the orderly behaviour we are able to produce to a consciousness of being under restraint, which all patients feel when placed under the care of those whom they soon find they must obey, by being obliged, from the first, to take their meals and their exercise, to go to bed, and to get up at the appointed hours; and, but for this fortunate circumstance, we should have great difficulty in keeping an otherwise ungovernable patient in a state of quiet subjection.

Those patients who consider themselves sane and unjustly confined, as many do, use all the cunning they possess to elude our vigilance. The kindest treatment is no compensation to them for the loss of their liberty; and unless they are restrained, or taught to restrain themselves, would assuredly not remain in confinement. It frequently happens that the very threatening a patient with any particular restraint or discipline supersedes the necessity of its enforcement, and it is humane and prudent that this should first be tried; but, if positive restraint is required, it is for the ultimate benefit of the patient that the waistcoat should be used in preference to such half measures as I have seen recommended—viz., that "two persons should hold a patient in his paroxysm," which is neither more nor less than inviting him to struggle for the mastery. I have witnessed the inutility and mischief of this method, by having had patients brought to me covered with bruises, in consequence of the struggles that had daily occurred between them and their servants, all which would have been prevented by the more merciful restraint of the waistcoat, which is a most salutary remedy, as it at once puts the body into a comparative state of repose, and, by subduing the spirit, forces the mind to reflection, and leads to tranquillity, while the other creates contention and increases the excitement.—*Dr. F. Willis' Treatise on Mental Derangement.*

COMPOUND DISLOCATION OF THE FIRST UPON THE SECOND PHALANX OF THE THUMB.

Neill Larkin, a stout drayman, aged twenty-eight, while engaged in unitching his horse, had the end of his left thumb accidentally entangled in a link of the drawing chain, when the horse, starting suddenly, dragged him some distance, and produced the accident just mentioned. He was brought to the hospital late in the evening of February 17, a couple of hours after its occurrence, when strong and well-directed efforts were unsuccessfully made to reduce it, the clove hitch being attached to the extremity, after a first failure with the hand alone. On the following morning I found the head of the first phalanx protruding considerably inwards through a wound, which embraced more than one-half of the circumference of the finger; another effort at reduction was now attempted by bending the luxated phalanx, and endeavoring to push its projecting head over that of the adjoining bone; but failing in this, I determined to remove the protruding extremity of the bone, which was at once done with the metacarpal saw, to the extent of three or four lines, after which the parts were easily replaced. The edges of the wound were then drawn together with strips of narrow adhesive plaster, and the part covered with dry lint, the hand and forearm being secured upon a splint. After the third day the dressings were daily made, the part being only covered with simple ointment. No unpleasant symptoms followed.

March 23. Wound entirely closed. On the 26th he was discharged; and on the 13th of April he called at the hospital, at which time he had good use of the thumb, with some motion at the point of injury.

The difficulty of reduction in cases of simple luxations of the phalangeal articulations, even when the patient is seen soon after the accident has occurred, is well known; and the same difficulty exists in reducing and retaining in place compound injuries of this class. So hard is the reduction to effect, that it is asserted upon the authority of Bromfield that the extending force has been increased to such a degree as to tear off the second joint in efforts to reduce the first. In compound luxations of the thumb, when found irreducible upon the application of a moderate degree of force, I believe the best practice to be that which was pursued in Larkin's case—viz., to saw off the end of the projecting bone. If the wound be large, and this be not done, observation shows that, even when the part can be reduced, the dislocated end will, in the majority of cases, become displaced, as the inflammation necessarily following it prevents the application of a sufficient degree of force, by bandages and splints, to retain it in its natural position. One case of this kind I have myself witnessed, and another instance which occurred in Guy's Hospital has recently been published, in which, although the phalanx was easily reduced immediately after the accident, so much inflammation and constitutional disturbance occurred as to make it necessary to remove the splints and other dressings which had been applied, and resort to cataplasms, the patient being ultimately cured after entire loss of the first, and exfoliation of the extremity of the second phalanx. Resection of the phalangeal extremity is the practice recommended by Sir A. Cooper, in compound dislocations of these parts, when difficulty is experienced in their reduction, and has often been done with good success. Gooch states that he sawed off the head of the second bone of the thumb, and that a new joint afterwards formed. In two instances, where the head of the metacarpal bone of the thumb was dislocated towards the palm, accompanied with wound, and reduction was difficult, the protruding parts were successfully sawn off by Mr. Evans. Bobe, Wardrop, and Roux, have all been successful in like cases. The bad effects resulting from those injuries where the head of the bone is replaced, and which seem to be at least in part owing to the force necessarily made use of, and the state of tension afterwards kept up in the surrounding soft parts, by its return, has been often noticed. An instance came under my care in which high inflammation and tetanus ensued upon the injury where this practice was pursued; and Mr.

S. Cooper reduced a case at the North London Hospital, which was followed by severe inflammation, terminating in death a week after the accident.—*Dr. Norris, in American Journal.*

EXTENSION IN FRACTURE OF THE SPINE.

Mr. Crowfoot, of Beccles, relates (in the last vol. of the "Transactions of the Provincial Association," a case of perfect recovery from fracture of the spine, where the employment of extension formed an important part of the treatment. The patient, a coachman, forty-two years of age, received a severe injury on the back of the neck, followed instantly by complete paralysis of the lower extremities. On examining the back there was found considerable deformity about the ninth, tenth, eleventh, and twelfth dorsal vertebræ, from increased posterior curvature; the spinous processes of the ninth and tenth vertebræ were considerably separated from each other, the body of the ninth vertebra having been forced forwards, whilst that of the tenth projected backwards. The abdomen became almost immediately distended, the patient was unable to make water, and there was a *total* loss of motion and sensibility in the lower limbs. Graduated, but powerful extension was now employed, whilst some slight attempt was made to assist the replacement of the bones by pressure with the fingers. The extension evidently diminished the deformity of the spine, and a certain degree of sensibility was restored, but the paralysis of motion continued.

The patient was now placed on his back on a firm bed, and antiphlogistic treatment carefully and steadily persevered in for three weeks. At the expiration of this period the patient could move the great toe of the right foot; after two months he could support himself with little assistance, and at the end of a twelvemonth resumed his usual occupation. There still remained some degree of deformity about the injured part, and an unusual separation between the spinous processes of the ninth and tenth vertebræ.

NEURALGIA OF THE URETHRA.

A woman, thirty-two years of age, mother of four children, suffered for eight months from pain at the lower part of the abdomen, with scalding on making water, and a constant sense of titilation at the orifice of the meatus. The pain became so severe as to prevent the patient from sleeping. The bladder was examined, but no sign of calculus found. Various remedies were tried without effect. Two issues, with the Vienna caustic, were now made over the hypogastric region. The patient had tepid baths, containing two drachms of the sulphate of potass, and some pills composed of hyosciamus and extract of lettuce. This mode of treatment effected a cure.—*Bordeaux Journ.*

LEEDS SCHOOL OF MEDICINE.

The annual distribution of prizes in this institution took place on the meeting of the school, on May 6. After an appropriate address by T. Nunneley, Esq., president, the following gentlemen received the reward of their industry and talent:—

Midwifery—Medal, Mr. Edward Bishop; certificate of honor, Mr. James Thomas Carr.

Materia Medica—Medal, Mr. Edward Bishop.

Surgery—Certificate of honor, Mr. Robert Caparn.

Practice of Physic—Medal, Mr. G. M. Harrison.

At the close of the proceedings at the School of Medicine, the council and pupils proceeded to the infirmary, where Dr. Hopper, who has delivered a valuable course of clinical lectures during the session, made the following award of prizes:—

Terminal Examination on Clinical Medicine—First prize, Mr. John William Ogle; second prize, Mr. James Thomas Carr.

General Proficiency in Clinical Medicine during the Session—First prize, Mr. James Thomas Carr; second prize, Mr. George M. Harrison.

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TO CORRESPONDENTS.

A Subscriber (Hampshire).—The charges should be made at all events; the guardians would, probably, refer the matter to the commissioners; or our correspondent might apply to Somerset-house for information. Operations on fingers or toes would not, probably, be ranked amongst "amputations," nor displacements of carpal or metacarpal bones amongst "dislocations."

We have received the letter signed *A Calumniated Member of a Foreign University*, and should have been happy to have complied with our correspondent's request by inserting it, had it really applied to the subject in point. But he has, as it seems to us, entirely misinterpreted our meaning. Our observations were directed to the existing and most mischievous system, by which persons advertise to procure the German diploma for those who have or have not the necessary qualification for medical practitioners. We do not feel much disposed to take up the question of the respectability or antiquity of the German universities, nor can we but believe that our correspondent is somewhat blind to his own motto, "Audi alteram partem,"; when he endeavors to prove that the only good physicians are those who have made themselves such by purchasing the German degree; and we would take leave to suggest to him that, although there be a book of 200 pages, yet that it may reflect no credit upon the author, or may be the *produce of another laborer*. Nor does the fact of possessing a certificate from one so eminent as he to whom our correspondent alludes, but who, nevertheless, had the failing of giving testimonials to any one, prove aught in favor of medical competency.

ERRATA.

In Mr. Radclyffe Hall's paper, in last Number, p. 171, col. 1, line 49, for "irritation," read *nutrition;* col. 2, line 2, for "irritation," read *nutrition.*

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Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand;
and Published by Henry Renshaw at his residence, No. 356, Strand.—Saturday, June 3, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 141.] LONDON, SATURDAY, JUNE 10, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

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By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE V.

April 18, 1843.

Etiology of gonorrhœa—Specific seat of the disease—Premonitory symptoms—Period of incubation—Forms of gonorrhœa—Erythematous, dermoid, and follicular varieties—Duration of the disease—Terminations of gonorrhœa—Metastases—Resolution—Morbid appearances—Complications of gonorrhœa—Tubercular disease—Herpetic eruptions—Association with rheumatism—Parts generally affected by rheumatism—Identity of gonorrhœal and common rheumatism—Otitis—Bronchitis—Perinœal abscess—Nephritis—Bubo—Ophthalmia—Chancre—General diagnosis—Prognosis—Tendency to become chronic—Treatment—Prophylactic—Abortive—Of the acute stage—Of the chronic stage—Condylomata—Erosions.

To proceed, Gentlemen, with the etiology of gonorrhœa, we will say that although generally propagated by coitus, yet that the disease may owe its birth to the mere transport of morbid secretion from one surface to another, independently of actual intercourse.

To this cause may be referred instances of gonorrhœa occurring after the introduction of soiled catheters into the urethra. The patient mentioned by J. Hunter, affected with blenorrhagia after sitting in a *cabinet d'aisance*, where gonorrhœal matter had been previously deposited, may, it is true, as Mr. Bennett Lucas justly surmises, have imposed upon Hunter; but yet there is nothing absolutely inadmissible in such an origin.

We altogether reject and disbelieve cases analogous to that related by Cassandre, in which a jealous husband, in order to be revenged on his inconstant wife, made her drink, every morning, a glass of milk containing several drops of gonorrhœal secretion. Cassandre adds that this abominable beverage was the cause of blenorrhagia in the wife, who communicated it to her paramour, and thus fully revenged her injured husband. We totally refuse belief to such anecdotes. Gonorrhœa may, with more probability, be conceived to have originated with the lover; or the lady, for whose virtue we entertain but slight respect, may have even been infected by a third person; and so long as these points have not been cleared up, we cannot credit the improbable story; other facts are, moreover, opposed to it. Hunter speaks of a woman who, through mistake, drank milk containing blenorrhagic secretion, without accident. A child takes milk containing chancrous matter, yet no ill consequences supervene. Direct experiments have, moreover, been made. Virus variolæ, and the poison of the viper, introduced into the stomach of man, have constantly been neutralised by its peptic action.

Before we dismiss the causes of gonorrhœa, let us state that instances are not uncommon of discharge from the urethra, produced by the presence on the mucous membrane of that duct of one of the morbid alterations brought on by constitutional syphilis.

Observation does not permit me to admit of any "specific" seat of the disease, although Hunter was of opinion that gonorrhœa never extends beyond the first inch and a half of the distal orifice of the urethra. We cannot believe in this pathological election, and still less do we admit it after absorption of blenorrhagic matter from the surface of the penis.

Allow me, Gentlemen, to show you how inconsistent our adversaries are with their own opinions. M. Baumès upholds the virulence of gonorrhœa; and yet, should the inflammation of the urethra, in a case of clap, extend to a portion of the membrane hitherto healthy, he explains the fact by "sympathetic irritation," wholly unmindful that the association of those words with the idea of "virulence," can only be qualified as "solemn nonsense."

Premonitory Symptoms.—These do not always exist. Between coitus and the first appearance of the discharge, the possibility of an interval of from some hours to fifty-seven days (B. Bell) has been generally accepted. This has been called the period of incubation.

We find an explanation of this general, but erroneous belief, in the prevalent notion that venereal intercourse is the only cause capable of generating gonorrhœa.

One moment's consideration will permit you to judge on what shallow grounds this incubation rests. The appearance of muco-purulent discharge is invariably considered as the "beginning" of gonorrhœa, whereas, in our doctrines, it is already the status of the malady. We are supported in our opinion by axioms of general pathology—for instance, "that inflammation does not in any instance begin with "suppuration." Why should not this rule be applicable to gonorrhœa? The so-called period of incubation is only that space of time necessary to the formation of pus, and varying slightly with individuals. When, therefore, cases are related, such as that of B. Bell, in which fifty-seven days elapse between connection and gonorrhœa, we must attribute the discharge to some other cause, and consider the coitus merely as an accidental occurrence totally unconnected with the disease under observation.

If we turn towards the forms of gonorrhœa we shall find three—the erythematous, the follicular, and the dermoid variety, in which the neighbouring cellular structure partakes of the inflammation.

The disease is generally acute, but has a marked tendency to run into the chronic state, by which it even occasionally begins. When existing for the first time it is more violent, and is more easily reproduced in proportion to the frequency of preceding discharges.

Blenorrhagia may be said to last in most cases from four to eight weeks, but the duration is so very uncertain as not to permit of being specified with any degree of accuracy. I have met with an old officer who carried a gleet, he had never been able to get rid of, ever since the peace of Amiens (1800).

Gonorrhœa may terminate with resolution, metastasis, or repercussion, and it occasionally returns on the application of the most trifling stimulus to the spot already affected.

The anatomical changes it gives rise to are those which follow protracted inflammation on any mucous membrane—viz, hypertrophy with softening or induration, and ulcerations (not specific), which may throw out granulations, and thus give rise to excrescences, vegetations, &c., or leave after them irregular cicatrices and nodulated structures produced by the obliteration of capillary veins.

Amongst the many complications of gonorrhœa, we must not omit scrofulous disease, which may affect the urethra, and thus give rise to most troublesome and rebellious forms of discharge.

A patient, affected with gonorrhœa of twelve months' standing, was confided to my care last autumn in this hospital. Abscess formed in the perineum; urinary fistula was its consequence, and the patient at the same time gradually sunk under the progress of tubercular disease of the lungs. The post-mortem examination showed, in addition to the softened tuberculous masses in the lungs, a tubercular transformation of a part of the prostate gland, and a similar deposit in many of the follicles of the urethra, several of which communicated with the perineum by means of fistulous sinuses. The specimen of the structural alteration, which was clearly the cause of the protracted gleet, I have presented to the Royal Academy of Medicine.

Dartrous, herpetic affections, and other forms of eruption, are considered by some as the result of a state of morbid excitement of the genitals. We refer particularly to the opinion of Dr. Rayer, regarding herpes præputialis, as a frequent concomitant symptom of *strictures!*

The influence of a rheumatic or gouty habit on the production of clap is easily accounted for by those who reflect on the near relationship of catarrhal and rheumatic constitutions.

Rheumatism has been by most pathologists looked upon not as a complication, but as a result of the *re-percussion* of urethral discharge; hence "gonorrhœal rheumatism." The true light in which the matter should be seen is, that, in patients otherwise predisposed to rheumatism, gonorrhœa may become the determining cause. The knees appear to be more frequently affected with this form of arthritis than any other joint. Professor Cloquet believes that in this respect the hip-joint in women is more commonly affected than the knees, but I have not found it so. In support of our opinion, we may state we have frequently observed that vesication with the Spanish fly is more frequently the cause of strangury, when applied to the tibio-femoral joint, than to the hip, or even to the inguinal region, the vicinity of which to the bladder might, *a priori*, lead to a different conclusion—a circumstance which would, in our opinion, suffice to demonstrate the identity of gonorrhœal with common rheumatism. We have met with well-marked pericarditis accompanying vague pains in the articulations, in a case of chronic discharge from the urethra. We must say, however, that in the so-called gonorrhœal rheumatism a smaller number of joints are generally affected than in the inflammatory form of the disease.

Otitis and bronchitis bear a most distant relationship to gonorrhœa, yet they have been looked upon as complications.

Perineal abscess is an occasional and most troublesome symptom, followed, as it frequently is, with urinary fistula.

We cannot possibly agree with our colleague, Dr. Vidal, who states that nephritis is not an uncommon complication of blenorrhagia. In the few cases (two or three) adduced to support the position, it must be recollected the patients were under the influence of a most powerful stimulant of the kidney, balsamum copaibæ.

Bubo accompanies now and then gonorrhœa; but it is always a single, phlegmonous tumor, and never gives rise to those characteristic ulcers you will find in the inguinal regions of chancrous subjects.

The anatomical changes induced by gonorrhœa in the structure of the urethra are, without doubt, the most efficient causes of the prolongation of the discharges. An antecedent gonorrhœa must also be considered as a complication. As to the metastasis of clap, we will explain to you the value to be attributed to it, when we examine together gonorrhœal ophthalmia.

Chancre not unfrequently is to be met with in conjunction with clap; when seated in the urethra it simulates it most completely, constituting "virulent clap," and can only be positively diagnosed by the assistance of "inoculation."

Subjects affected with blenorrhagia may, at the same time, present constitutional syphilis; and here we must remark that mucous tubercle may be seated on the urethral lining, and occasion a discharge easily to be confounded by a superficial observer with genuine gonorrhœa.

General Diagnosis.

Its chief difficulties lie here in the discrimination of venereal from the virulent form of the disorder.

We have endeavoured to show what slight reliance can be placed on the supposed cause—the suspicious virtue of the person who communicated the malady, or the comparative length of a hypothetical incubation.

It may be necessary to discover whether gonorrhœa be the result of sexual indulgence or of simple inflammatory causes. Experience has taught me to consider urethral discharge in women as the almost certain proof that the accompanying vaginitis has resulted from venereal intercourse. The following characters have been looked upon as evidence of the origin of the disease; existing altogether they certainly are not without value, but separately they can give no positive information.

The color of the discharge has been said to demonstrate its real origin. It is not with a trifling degree of surprise I read in the "Dictionnaire," vol. xv, the following ridiculous statement—viz, that those discharges are red which are communicated by the menses.

M. Baumès is of opinion that the virulence of a discharge can only be asserted when it has been communicated or handed down through a succession of five, six, or seven persons!

The special progress of the disease cannot possibly be adduced as proof positive of its nature, for Bertrandi truly remarks, that although gonorrhœa usually begins by the acute form, yet exceptions are not unfrequently to be met with.

Consecutive affections and the influence of treatment are not of the slightest value for the diagnosis.

You perceive, Gentlemen, that it is altogether impossible to give an absolute diagnosis of the source or nature of a discharge from the considerations alluded to. The evidence thus collected amounts only to a probability, and one sign only can give positive knowledge of the nature of blenorrhagia, and that sign is furnished by inoculation.

Prognosis of Gonorrhœa.

The mildest form of gonorrhœa is that which affects the prepuce and glans penis. External blenorrhagia in women, vaginitis, and anal inflammations, are also, in general, of short duration.

Urethral gonorrhœa is more severe; it is oftener followed by accidents, and has a marked tendency to run into the chronic stage. Uterine discharges are still more difficult to arrest.

But the most severe of all forms is, without doubt, gonorrhœal ophthalmia, notwithstanding the vast improvements lately introduced in its treatment. I must say, it is not with a small degree of astonishment I find the reason given by Professor Dubois against the possibility of ophthalmia being caused in infants by the application, during birth, of leucorrhœal matter, is, that during parturition *the child's eyes are closed!*

Treatment.

We may class the treatment under five heads: 1, the prophylactic; 2, the abortive; 3, the treatment of the acute stage; 4, of the declining period; and 5, of the chronic form.

1. *Prophylactic Treatment.*—The first precept is, doubtless, never to expose oneself to contagion. Nicholas Massa, states, with admirable *naïveté*, that it is absolute madness to court danger of this description. I have remarked that gonorrhœa is seldom the result of one single connexion—on the contrary, it will be observed in almost all cases that it has followed the repetition within a short time of venereal pleasures. N. Massa also lays down as a rule, to avoid prolonged coitus, which determines and predisposes to the invasion of the disease.

Lotions, with cold water, will be found also an advantageous preparation, but tepid washes and warm baths I consider as the very worst means of prevention of the disease, as they produce a degree of congestion highly predisposing to subsequent inflammation.

I also reject absolutely, medicinal lotions, which in general irritate in a useless manner organs undergoing a physiological excitement. On the contrary, emission of urine immediately after connexion should on no occasion be neglected. It is a natural injection from the bladder forwards, which washes off any improper stimulus which may have found its way into the urethra.

Other prophylactic measures have been advocated, mechanically preventing actual contact, and thus the contraction of the disease.

2. *Abortive Treatment.*—It is indispensable to proceed to the abortive treatment when the disease is not too far advanced. It is an erroneous, but generally received notion, that it is useful to allow the secretion to continue a certain time before any attempts are made to arrest its progress. No possible advantage can result from the prolongation of an inflammation on any mucous membrane, much less the urethra. The consequence of the unfortunate doctrine we allude to is, to render the discharge more difficult of cure by permitting the mucous membrane to become altered in its structure by the chronic establishment of an inflammation, so as to promote strictures, abscess, softening, &c. Such a doctrine tends to make epididymitis and other complications of gonorrhœa more frequent, and to increase the sum of human suffering, whilst the chances of bad results without any compensating benefit exist in the fullest degree. We strongly recommend the adoption of the abortive treatment.

3. *Treatment of the Acute Stage.*—Here the antiphlogistic regimen, local and sometimes general bleeding, revulsives on the intestinal tube, diluent drinks, baths, and antispasmodics find their full application. We shall, at a subsequent period, refer to this treatment in detail.

4. *Treatment of Declining Stage.*—The indications are precisely the same as in the abortive treatment, for whilst in the incipient stage inflammation has not yet set in, here it has already ceased to manifest itself by its acute symptoms.

5. *Treatment of Chronic Stage.*—In order properly to treat this period, it is to be recollected that gleet generally is indebted for its existence to some local or general cause which keeps up the irritation, and which must be discovered, in order that success may attend the treatment. The running is mostly symptomatic of another disease, towards which the attention of the surgeon should be directed.

It has been proposed by some, and it still is the object of the practice of many, to obtain a renewal of the original discharge by exciting the urethra with the passage of simple catheters, or of instruments coverèd with various stimulant substances. This practice I condemn, as the surgeon acts blindfolded. The only general precept to be laid down is to endeavour to acquire by proper investigation accurate knowledge of the state to which chronic inflammation has brought the membrane, and to guide the subsequent treatment thereon.

We now begin the study of each particular variety of gonorrhœa. It will be much shortened by the foregoing general observations, but important precepts of diagnosis and treatment arise out of the consideration of the various kinds of discharge. We deem it advisable to examine gonorrhœa:—1, as it occurs exclusively in the male, as in external gonorrhœa; 2, in the female, in the urethra, the external organs of generation, the vagina, the uterus, either separately affected or in combination; 3, in both sexes, such as blenorrhagia of the eye, the anus, various folds of the skin, the nose, the ear, or mouth.

1. *External Gonorrhœa.*—External gonorrhœa—chaudepisse bâtarde—balanitis—posthite—balanoposthite.

The causes which produce more particularly this form are phymosis, congenital or acquired, the accumulation of natural secretions, the habit of masturbation.

Premonitory Signs.—A sensation of weight or uneasiness, an unusual degree of heat about the part, a distressing sense of itching, are the only signs referable to the early stage of the disease.

Symptoms.—Inflammation may extend to the whole lining of the prepuce, or be limited to a small portion of mucous surface. The membrane soon becomes red from injection, its natural secretion is exchanged for a discharge thicker and more creamy than that of uretritis, and incarceration within the prepuce, together with incipient decomposition, communicate to this liquid a particularly offensive and irritating character. Contact is painful, desquamation of the epithelium, rendering the organ exquisitely sensitive from the denudation of a number of nervous papillæ.

Complications.—It is not uncommon to find œdema of the lax subcutaneous cellular structure complicating the disease. Erysipelas is occasionally met with, doubling the size of the penis, and not unfrequently acquiring so much violence as to threaten or even produce gangrene.

But in contradistinction to urethral blenorrhagia, epididymitis is never the consequence of external gonorrhœa, and very seldom bubo.

Eczema, on the other hand, and herpes break out on the glans, stimulated into existence by the presence of the inflammation.

Condylomata and excresences of various kinds are the result, and may become the cause of balanoposthitis.

Chancre and mucous tubercle may also complicate or produce external gonorrhœa. It is not a little remarkable that the first of these affections gives rise in its vicinity to a perfectly simple inflammation, the secretions of which may be inoculated with impunity, whereas pus from the neighbouring chancre will *constantly and at the same time* give a specific sore by inoculation.

Differential Diagnosis.—From eczema or herpes præputialis, external gonorrhœa will be easily distinguished by the diffused character of the inflammation, the absence of vesicles of any kind during its first period, or of those small circular erosions which follow herpes, and which have more analogy of appearance with superficial chancre than with simple inflammation of the prepuce or glans.

The scalding in passing water concentrated in the fossa navicularis, a view of the discharge coming from the urethra in cases where the foreskin can be slightly drawn back, also the particular pain caused by the distension of urethra during erection, will suffice to establish the diagnosis between blenorrhagia and balano-posthitis, in which erections are free from uneasiness; pressure determines pain *around the base* of the glans, and the discharge comes from the cul de sac formed by the reflection of the mucous membrane.

As to chancre, it will be sometimes possible to obtain a rational diagnosis of its existence under an irreducible phymosis, from a certain degree of painful hardness in one particular spot of the corona glandis, from the presence of enlarged ganglions in the groins, rather uncommon in simple balinitis; but one sign only can be implicitly relied upon to distinguish absolutely simple external gonorrhœa from phymosis complicated with chancre, and that sign is inoculation with the lancet.

ON NEURALGIC AFFECTIONS OF THE URETHRA.

By M. Civiale, Paris.

There are certain affections of the genito-urinary organs which, though of frequent occurrence, have not much attracted the attention of practical surgeons. This arises, in great measure, from their irregularity of progress, the variety of symptoms which they occasion, and the great difficulty often experienced in distinguishing them from other morbid conditions which give rise to analagous symptoms.

It is seldom possible to ascertain the precise cause of the affections now alluded to, which I shall call *neuralgic*, without, however, attaching much importance to the name. They generally occur in persons whose nervous system has been shaken by excessive venereal indulgence, or severe moral shocks, and more especially in those who have been previously subject to neuralgia in other parts of the body. Long-continued irritation of the urethra and neck of the bladder, stricture in its incipient stage, habitual constipation, and diseases of the womb or rectum, are predisposing causes; but, on the other hand, they attack persons in whom we cannot discover any of the causes just mentioned.

The symptoms of urethral neuralgia are in general so vague and variable, that we are often obliged to base our diagnosis on indirect reasoning. In fact, the sensations experienced by the patient, and the urinary derangement under which he suffers, may equally depend on calculus in the bladder, some organic disease of the prostate, neck, or body of the bladder, partial paralysis of that organ, stricture, &c. Still the peculiar tendency of the symptoms to shift may throw some light on the matter, and the surgeon must be guided by the irregular or even intermittent character of these symptoms, which appear and disappear, increase or diminish, without any evident cause, and much more quickly than in any other disease of the urinary apparatus. This is so true that the attention of the patient is often not directed to them until after the third or fourth attack. In an early stage he enjoys long intervals of health, the frequent desire to make water, with pain and difficulty in passing it, occurring only at intervals. Soon after these symptoms the patient experiences a distressing sensation of itching along the canal, with burning; this is chiefly felt near the glans, and may extend towards the pubes, groins, sacrum, or up to the kidneys. The urine is in general normal; these symptoms seldom last long enough to produce any effect on the general health; they disappear at last, and the patient gets well.

It is impossible to give any accurate account of the frequency, duration, or order of the attacks now alluded to. In some cases they are regular, and almost periodical; in others they occur every day or every week. In one case which I treated they came on as the patient was about to sit down to dinner, and in another occurred daily at four o'clock. As a general rule, I would say that the accesses are more prolonged and frequent in proportion to the date of the disease. When they approach the quotidian type, the patient is usually attacked towards evening, as digestion commences, or during the night. They are excited by want of occupation or distraction, by anything which increases the sensitiveness of the patient, and chiefly by the fear of not being able to make water freely. The less urine contained in the bladder, the greater the difficulty in passing it, and the more severe is the pain. We hardly ever observe any febrile symptoms even when the violence and obstinacy of the pain have occasioned general emaciation.

The course of urethral neuralgia is always progressive, but varies according to the complications which may already exist, or those which fail not to arise during the progress of the disease. Thus, laying aside the modifications which must ensue from the coexistence of stricture, disease of prostate, calculus, &c., if we regard the affection as purely neuralgic, it is certain that the accesses become more violent, prolonged, and frequent, in proportion as the disease is of longer duration.

When this has continued for a length of time, the merely nervous symptoms are accompanied by others, dependant on catarrh of the bladder, or some organic disease of the prostate, bladder, &c. The local disorder has now made considerable progress; the functions of the rectum are disturbed, and the general health suffers. Under these circumstances, it is extremely difficult to ascertain the existence of the primary neuralgia, unless the patient is able to give a very accurate history of the origin and progress of his disease. They generally confine themselves to vague reminiscences, and seldom call on the medical man before the symptoms have acquired a considerable degree of intensity.

Now, at this period the diagnosis is often very difficult, yet the question is much simplified when we ascertain that there is no stricture, disease of the prostate, or stone in the bladder.

The effect of examination of the genito-urinary organs is of great importance towards ascertaining the existence of urethral neuralgia, for in short cases they relieve, rather than exasperate, the disease. And here I would direct attention to a point which often gives rise to errors that belong rather to the person who practises than to the science. Many surgeons, not frequently in the habit of passing a bougie, find some difficulty in introducing this instrument beyond the curve of the urethra; the patient complains of excessive pain at this point, and the existence of stricture is rather hastily admitted.

There are, however, certain cases which baffle all our means of examination. In some patients the bladder or prostate is the seat of organic disease, accompanied by such excessive irritability of the urethra, that no instrument can be tolerated for a moment. It is also difficult to ascertain whether the organic diseases alluded to preceded or succeeded the neuralgia; but to this point I shall revert hereafter.

In an early stage neuralgic affections of the urethra are, generally speaking, of little importance. They are removed by an easy, and, in most cases, efficacious method of treatment, to a knowledge of which I was led by what I had observed in lithotrity. Thus when a patient, affected with stone, presents all the signs of excessive irritation at the moment that we are about to operate, one would imagine that the necessary manœuvres must aggravate the state of irritation; but I have frequently seen the symptoms diminish, or even disappear, after the manipulations, and hence was led to think that neuralgic affections of the urethra and neck of the bladder might be advantageously treated by an attempt at modifying the sensibility of these parts. The event has fully justified my conclusion.

I shall now briefly explain the mode of treatment which I adopt in the different cases. When the diagnosis has been correctly formed, the indications of treatment are reduced to three—viz.,

1. To diminish, by the contact of a foreign body, the morbid sensibility of the urethra.

2. To excite a temporary disturbance of function, and thus break through the acquired habit in the part.

3. To displace the irritation.

In some cases a cure is obtained by fulfilling the first indication alone. Surgeons are now well aware that when a bougie has been allowed to remain for some time in the urethra, the canal becomes nearly insensible of its presence. I have applied this fact to the treatment of urethral neuralgia. The first step, then, in the treatment consists in passing into the urethra a soft, middle-sized bougie; this is allowed to remain in the canal for ten minutes, then withdrawn, and the operation repeated on the next and following days. The size of the bougie may be increased according to circumstances. Even in cases of long standing, from ten to fifteen applications of the bougie are sufficient; in more recent cases the cure is quicker. In all cases the symptoms are rapidly alleviated, and the use of the bougie should not be suspended until it passes the urethra without exciting any pain or uneasy sensation. It is necessary to employ, towards the end of the treatment, bougies of from two and a half to three lines in diameter, for we thus discover any incipient stricture, which might escape detection by a smaller instrument. Should this means fail, we have recourse to a more powerful mode of disturbing the sensibility of the part, by passing a catheter or a lithotritic instrument. I have seen a great many cases in which neuralgia of the urethra was cured by the introduction of the instrument, for the purpose of ascertaining the presence of a calculus. When the disease is more obstinate, and accompanied by atony of the bladder, much benefit will result from injecting pure water into the bladder, the temperature of the fluid being gradually reduced. Irrigations are a still more powerful means, and from them I have obtained the best results, even in cases which seemed desperate. Should the method now described fail, we have recourse to revulsions and counter-irritation. The latter is best applied to the hypogastric region or perineum. Cold douches are excellent; if more powerful counter-irritation be required, the tartar emetic ointment must be applied over the hypogastrium, and repeated, if necessary, after the desiccation of the pustules. Regulation of the bowels is a matter of some importance, for the disease may be kept up by constipation. It is likewise necessary to mitigate the irritating quality of the urine, when the latter is high colored and scanty. Baths, emollient clysters, diluents, alkalies, mild regimen, are indicated in these cases.

Such are the means which experience has sanctioned as most efficacious in the treatment of urethral neuralgia. They sometimes fail, however, and, to relieve the patient's sufferings, more powerful means, as the use of caustics, forced injections, setons, &c., have been recommended; I have myself found most benefit from slight but extensive applications of caustic; but the practitioner should always bear in mind that these powerful means will fail unless he take care *to diminish previously the morbid sensibility of the urethra.—From M. Civiale on Diseases of the Urethra.*

CASE
OF
WOUND IN THE THROAT,
IN WHICH THE COMMON CAROTID ARTERY WAS TIED.

By William Hey, Esq., Jun.,
Surgeon to the Leeds Infirmary, &c.

A man, aged forty-five, whilst in a state of derangement, occasioned principally by excessive drinking, attempted to commit suicide by cutting his throat, on Wednesday, April 27. The wound, which was inflicted with a pen-knife, was not more than half an inch in length, but deep. It was situated on the left side of the neck, on a level with the upper part of the larynx, about midway between that and the anterior margin of the sterno-cleido-mastoideus muscle, and penetrated in a direction rather obliquely upwards. A surgeon was immediately sent for, but, before he arrived, the hæmorrhage had entirely ceased, and he therefore simply dressed the wound. A few days afterwards the wound and neighbouring parts were attacked with inflammation of an erysipelatous character, which, however, yielded to the remedies employed. Early on Saturday morning, May 7 (the eleventh day after the infliction of the wound), hæmorrhage took place, in consequence of which Mr. Sharpe, the surgeon in attendance, requested my assistance. Before I got to the patient the hæmorrhage had again ceased, and, as the quantity of blood lost had not been considerable, it was not thought necessary to do anything at that time. On Monday evening, May 9, the hæmorrhage returned. I then thought it necessary to secure the bleeding vessel, but the patient refused to submit to any operation. On the following evening it recurred for the third time, and the patient then, being convinced of the dangerous nature of the case, no longer refused his consent to what was judged necessary to be done. The plan upon which we proposed to proceed was this—first, to enlarge the wound, to turn out the coagulum, so as to expose the bleeding vessel, and, if possible, to tie it above and below the wound; if that should be found impracticable, then to continue the incision downwards, and tie the common carotid. On laying open the sac, and turning out the coagulum, such an impetuous gush of blood took place as plainly showed it would be impossible to accomplish the first object; and, therefore, the finger of an assistant being placed on the wound of the artery, I proceeded to tie the common carotid. The operation was attended with a good deal of difficulty, on account of the swelling, and still more of the change in the structure of the parts, consequent upon the previous inflammation. The cellular tissue was quite consolidated by the effusion of fibrine, so that I could make no impression upon it with the handle of the knife or the point of a director, but was obliged to work with the point of the knife in a deep cavity, and almost in the dark, the operation being performed by candle-light. The artery was, however, at length exposed, and tied immediately above the omo-hyoideus muscle. As soon as the ligature was tightened the hæmorrhage ceased. I then endeavoured to find the original wound of the artery, but, in consequence of its situation at the bottom of a deep cavity, and the diseased state of the parts, I did not succeed. For some days afterwards the patient had a considerable degree of fever; this seemed, however, to be subsiding, and I did not see or hear anything more of him until Sunday, June 22, the thirteenth day after the operation. Mr. Sharpe informed me, on the morning of that day, that while dressing the wound on the preceding day, a few drops of blood had appeared. An appointment was made for a meeting on the following morning, but the same afternoon I received an urgent message, requesting my immediate attendance, on account of a return of the bleeding, but before I arrived at the patient's house he was dead. It appeared, however, on inquiry, that the quantity of blood lost had been small, and not sufficient to produce death, but that he had sunk from the effects of the irritative fever under which he had labored. The account given to me by the persons who were about him was, that he suddenly complained of a sense of suffocation, in consequence of which he made a violent effort to raise himself into the erect posture, and by that effort produced a flow of blood, but that he was, in fact, dying at the time. It was the last effort of life.

Upon examining the state of the parts after the death of the patient, the artery in the situation of the ligature was found in a perfectly satisfactory state, being firmly plugged with a coagulum nearly an inch in length. It was evident, therefore, that the bleeding had proceeded from the original wound.

This result I rather anticipated, or at least feared, in consequence of the artery having been tied only below the wound; for whenever a considerable artery is wounded without being completely divided, I believe the only certain method of preventing secondary hæmorrhage is to apply a ligature both above and below the wound.

Cases may, however, occur in which this would be impracticable, or attended with so much difficulty and uncertainty as to justify a reliance upon the simpler method of tying the artery between the wound and the heart, and the case I have related was such an one. It was found, upon examination of the parts after death, that the original wound was in the external carotid just at the point when one of its principal branches (the facia artery) is given off, so that it would have been necessary to have tied the latter as well as the carotid above that point. This, I think, could scarcely have been done—certainly not at the period when the occurrence of hæmorrhage rendered the performance of the operation necessary; and at no previous period would the attempt have been justifiable, for it will be recollected that when Mr. Sharp first saw the case the wound was very small, the bleeding, which had not been copious, had spontaneously ceased, and there was no decisive evidence of the carotid being wounded. Besides that, the state of excitement in which the patient was at the time, opposed a serious obstacle to such an operation.

In conclusion, I would venture to remark upon the necessity of using great caution in performing operations of this kind, when the structure of the tissues concerned is much altered by previous disease. I am led to make this remark not only by the difficulties I encountered in the case I have detailed, but also by the circumstance of a case, in many respects analogous, which was recorded some time ago in the Provincial Medical Journal. The case occurred in America, and the operation of tying the carotid was undertaken in consequence of hæmorrhage caused by one of its principal branches being opened by an ulcer in the neck. The neighbouring parts were a good deal diseased, and the operation was tedious and difficult. The hæmorrhage returned to a fatal extent, and it was found upon examination after death that the carotid *had not been tied*, but that the ligature had been applied to a portion of condensed cellular tissue which had been mistaken for it.

I observe in the "Medical Gazette" of May 13, an account of a case in which the carotid artery was tied, on account of hæmorrhage produced by a stab in the neck, and in which the operation was followed by hemiplegia.[*]

Leeds, May 22, 1843.

STATISTICAL REPORT
OF
190 CASES OF INSANITY
ADMITTED INTO
THE RETREAT, NEAR LEEDS,
During Ten Years, from 1830 *to* 1840.

By Samuel Hare, Esq.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Having retired from the active superintendence of the above establishment, which is now under the direction and care of Mr. Smith and Dr. P. Smith, of Leeds, and as I deem it the duty of those who are able, to contribute towards the advancement of the study of insanity, I have the pleasure of forwarding, for insertion in your valuable Journal, the following report of the Retreat for the first ten years after its establishment.

As facts constitute the only basis on which the study of this, as of other diseases, can be founded, I may add that the greatest care has been taken to render the accompanying tables and the inferences deduced from them as accurate as possible.

Remaining, Gentlemen,
Your obedient servant,
S. Hare.

9, Langham-place, London,
June, 1843.

I.—GENERAL STATEMENT OF THE NUMBER OF ADMISSIONS AND THE SEXES OF THE PATIENTS.

Preliminary Remarks.—The Retreat is situated on rising ground, about a mile and a quarter west of the town of Leeds at the opening of Aire Dale, and about thirty feet above the level of the river; it is perfectly open on all sides, the prospect is varied and extensive, and the air salubrious; the establishment is designed for the reception of about twenty-four patients, and so arranged as to accommodate an equal number of each sex.

During the twelve years the establishment was under my care there were 231 admissions; but as decennial periods are convenient for statistical purposes, I shall confine my remarks to the first ten years after its opening (July 1, 1830, to June 30, 1840), during which time the admissions amounted to 190—viz., 107 males, and 83 females, being an average of 19 admissions each year; but of this number, the re-admissions, once or oftener, amounted to 24, making the number of *persons* admitted 166, that is, 93 males and 73 females, or 56.02 per cent. of males, and 43.97 of females, a somewhat greater proportion of males than would be afforded by taking the whole of the insane throughout the Kingdom, but pretty nearly an accurate representation of the proportion occurring in the higher classes of society. (Table I.)[*]

It is to be remarked that the distinction between the number of *cases* and of *persons* admitted has been, throughout the whole of this report, carefully kept in mind, as it is a very important point, when speaking of etiology and other subjects connected with disease.

Table I.

Showing the Number of Patients admitted and discharged during the Ten Years ending June 30, 1840.

	Male.	Fem.	Total.
Number of Patients discharged	96	76	172
Remaining in the Retreat . .	11	7	18
Total Number of *Admissions* during the ten years ending June 30, 1840	107	83	190
Of which the Re-admissions amounted to	14	10	24
Total Number of *Persons* admitted	93	73	166

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[*] Also Provincial Medical Journal, p. 199 of the present volume.

[*] It may be mentioned that the forms adopted in several of the tables have been taken from a valuable report of the Friends' Retreat, near York, partly on account of their intrinsic excellence, and partly to afford better means of comparison between the results of various institutions.

Adding together the cases admitted during corresponding months and periods of the ten years, it is found (Table II) that the largest number was admitted during the month of May. During the first and fourth quarters of the year the numbers admitted were exactly equal, but considerably less than during the second and third quarters, so that the two latter, compared with the two former, were in the ratio of 106 to 84, or of 55·78 to 44·21 per cent. Any inference, however, drawn from this fact must have reference rather to the period when patients became so unmanageable as to compel their friends to confine them, than to the time of the commencement of the disease, seeing that this had developed itself at very various periods previously to the patients coming to the Retreat.

TABLE II.

Showing the Admissions at different Seasons of the Year—the Months, Quarters, and Half-years.

	M.	F.	T.			
January . .	9	8	17	42		84
February .	12	4	16			
March . .	2	7	9			
April . . .	9	3	12	56	106	
May . . .	13	11	24			
June . . .	9	11	20			
July . . .	10	8	18	50		
August . .	6	12	18			
September .	9	5	14			
October . .	9	7	16	42		
November .	9	6	15			
December .	10	1	11			
Total . .	107	83	190			

II.—PREVIOUS HISTORY OF THE PATIENTS.

Hereditary Predisposition.—Of the 166 cases no account was given of the mental condition of the relatives in 43; but of the remaining 123, insanity was acknowledged to exist in the families of 48, or in the ratio of more than 39 per cent. (Table III.) This, however, includes the cases where the relatives were only distantly connected, and therefore, cannot be said to represent exactly the hereditary tendency of the disease. (Table IV.) On the other hand, however, it is well known to all medical men how great is the desire of relatives to hide the fact of the existence of insanity in a family; and it may be confidently stated that in several, if not many, of the cases under consideration, such a predisposition existed where the contrary was asserted. By referring to Table IV, the exact degree of relationship stated will be at once seen, and it will likewise be observed that in several instances the insanity extended to more than one branch of the family. In a comparatively few cases only is it stated whether the disease existed on the paternal or on the maternal side; but, so far as data are afforded, it was more than six times as prevalent on the latter as on the former, or, taking the whole of the cases, the tendency was on the maternal side in 27·08 per cent., but on the paternal side in 4·16 per cent. only.

TABLE III.

Showing the Number of the Patients whose Relatives had been Insane, and also of those whose Relatives had not been so.

	M.	F.	T.	Per Centage on the Total Amount.
Number of patients	93	73	166	
Condition of relatives not known or not stated .	25	18	43	
No. of patients, the condition of whose relatives was stated . .	68	55	123	
No relatives insane.	43	32	75	60·97
With relatives insane	25	23	48	39·02

TABLE IV.

Showing what Relatives of the Patients were or had been Insane, in actual Numbers and with the Per Centage calculated.

	M.	F.	T.	Per Centage on the Total.	Relative Proportion on the Paternal and Maternal Sides.
With relatives affected, but the relationship not stated	10	3	13	27·08	
Grandfather		1§	1		
Grandmother		2	2		
Father and Mother		1	1		
Father		1	1	2·08	4·16
Paternal Uncle or Aunt		1	1	2·08	
Mother	2*	4‖	6	12·5	27·08
Maternal Uncle or Aunt	3		3	6·25	
Maternal side, but relationship not stated . .	2	2	4	8·33	
Uncles or Aunts, which side not stated . . .	2†	1	3		
Brother	3‡	2	5		
Sister	1§	3	4		
Cousin		2	2		
Nephew or Niece	2		2		
	25	23	48		

* One of these had an aunt also insane. † Aunt also insane. ‡ In one of these cases the brother was born an idiot. §In one both a paternal and maternal aunt were affected. ‖ In one a sister was also insane; in another, a grandfather.

Previous Attacks of Insanity.—Of 9 out of the 166 patients, no account was given as to whether or not they had previously labored under insanity, or as to the duration of the attack for which they were admitted; of the remaining 157, however, 42 (*i. e.*, 20 males and 22 females) had had one or several distinct attacks of insanity prior to that for which they were first admitted into the Retreat. This amounts to 26·75 per cent., and is quite independent of those cases where the disease had been of long standing but without any intermission, as also of those persons whose cases were more recent, but who had long manifested some peculiarity of manner or behaviour, indicating the approach of insanity. One male and two females had all their lives presented some premonitory symptoms, peculiarity or weakness of intellect, while another male had done so for at least thirty years; 8 males and 3 females had been insane for periods varying from two to five years, while 4 males and 6 females had been insane from five to ten years prior to their first admission; on the other hand, there were but 73 where insanity was of less than a year's duration when they first came under treatment.

Age.—The youngest person admitted was a female of 15, and the oldest a male of 74. Between these extremes there were patients of almost every age, but the largest number of admissions taking place in any decennial period of life was that between the ages of 30 and 40, the latter inclusive. (Table V.) During this decade, the proportion of men admitted was considerably greater than that of the women, although precisely the reverse occurred during the following ten years, when the numbers of the two sexes were in the proportion of 13·9 males to 28·7 females; indeed, it may be remarked that in all corresponding decades, with the exception of that one between the ages of 40 and 50, the number of male admissions was proportionately greater than that of the female ones. The average age of the two sexes on admission was remarkably even, varying only by the third of a year, that of the males being 37·65 years, and that of the females 37·21 years.

TABLE V.

Showing the Ages of the Patients, Male and Female, on their first Admission: *in Actual Numbers and with the Per Centage calculated.*

Ages.	Actual Numbers.			Centesimal Proportions.		
	M.	F.	T.	M.	F.	T.
From 15 to 20 Years	7	5	12	7·5	6·8	7·23
21 — 30	26	17	43	27·9	23·2	25·90
31 — 40	28	21	49	30·1	28·7	29·52
41 — 50	13	21	34	13·9	28·7	20·48
51 — 60	13	7	20	13·9	9·5	12·05
61 — 70	5	2	7	5·3	2·7	4·21
71 — 80	1		1	1·07		0·60
	93	73	166	100·00	100·00	100·00

But the results are somewhat different as regards the period when insanity *first manifested itself* in the different patients. (Table 6.) This period could not be ascertained in 13 cases; out of the 153 remaining, insanity appeared oftener (in 30·06 per cent. of the whole) between the ages of 20 and 30 than during any other similar period of life, although very nearly as often in the following decade; indeed, in proportion to the number of persons living at these respective periods, it first showed itself somewhat oftener between 30 and 40 than between 20 and 30 years of age; for while, according to Mr. Porter ("Statistical Journal," February, 1843), 17·87 per cent. of the entire population of England are living between the ages of 20 and 30, only 12·94 per cent. are alive between the ages of 30 and 40. From the age of 30 to 40 insanity commenced oftener in males than in females, there being 30·59 per cent. of the males attacked at this age, and only 26·47 per cent. of the females. Between the ages of 40 and 50, however, females appear to be more liable to the disease than males, as only 17·64 per cent. of the latter, while 23·53 per cent. of the former, were first attacked at this period of life. Perhaps this relative difference can be accounted for: from 30 to 40 men are most actively engaged in mercantile and other pursuits, and have the most difficulties to contend with, while the changes which take place in the constitution of women between the ages of 40 and 50 may not be without some effect in producing insanity, as well as many other diseases to which they are well known to predispose. It may likewise be observed, that between the ages of 15 and 20 the number of females attacked was greater than that of the males—a result similar to that afforded by the experience of Esquirol. The average age when insanity first manifested itself was, in the men 34 years, in the women 32¼, a difference of 1¾ years in favor of the males. These averages give a somewhat earlier period for the commencement of insanity than those afforded by some other institutions, and differ too, inasmuch as they give a little earlier period for its development in females than in males. Pritchard, however, observes, "The susceptibility of madness takes place rather more early in the female than in the male sex, and in persons belonging to the opulent, than in those of the laborious, classes of society."

TABLE VI.

Showing the Ages of Patients when first attacked *with Insanity.*

Ages.	Actual Numbers.			Centesimal Proportions.		
	M.	F.	T.	M.	F.	T.
Under 10 Years of Age	2		2	2·35		1·31
From 15 to 20 Years	8	10	18	9·41	14·71	11·76
21 — 30	25	21	46	29·41	30·88	30·06
31 — 40	26	18	44	30·59	26·47	28·76
41 — 50	15	16	31	17·64	23·53	20·26
51 — 60	6	3	9	7·06	4·41	5·88
61 — 70	2		2	2·35		1·31
71 — 80	1		1	1·18		0·66
Total	85	68	153	100·00	100·00	100·00
Ages not known	8	5	13			
Grand Total	93	73	166			

Sex.—The numbers of the two sexes admitted have already been stated at the commencement of this paper, and some further observations on this subject were added in the last paragraph. It is, therefore, unnecessary to say more specially on this point, as it must, of necessity, be again incidentally referred to in some of the subsequent sections.

With reference to Marriage.—Table VII shows the condition of the patients with reference to marriage. From this it appears that one-half were married; 41 per cent. were single, but of these nearly one-sixth were minors; while nearly 8 per cent. were widowers or widows. The proportion of the single to the married here given is probably greater than is found in the entire population (between the ages of 21 and 75), thus favoring the general opinion that single life predisposes to insanity. On the other hand, however, there is a circumstance not sufficiently borne in mind by many who make the above assertion—viz., that not a few are or have been attacked with insanity at or before the usual period of marriage, and that this very circumstance would be a *cause* for their not being married afterwards; besides which, many would naturally avoid matrimonial alliances with families in which there was an obvious hereditary predisposition to insanity.

TABLE VII.

Showing the Condition of the Patients in reference to Marriage.

	M.	F.	T.	Per Centage on the Total.
Minors, all single .	6	5	11	6·62
Single, above 21 .	28	29	57	34·33
Married	51	33	84	50·60
Widowers or Widows	7	6	13	7·83
Not known . . .	1		1	·60
Total	93	73	166	100·00

Religion.—The religious profession of the patients is shown in Table VIII. Few comments need be made on this subject, as the proportion between the various sects is, probably, not very different from that of the total number of each in Leeds and the neighbourhoods from whence the patients principally came. Of those whose religious profession was stated, 51 per cent. belonged to the Established Church, about 21½ per cent. were Methodists, 10·73 per cent. were Independents or Calvinists, while nearly 7 per cent. either did not profess any religion, or professed "none in particular."

TABLE VIII.

Showing the Religious Denominations of the Patients.

	M.	F.	T.
Church	43	33	76
Methodist	15	17	32
Independent and Calvinist .	9	7	16
Baptist	4	3	7
Roman Catholic	1	2	3
Quaker		2	2
Unitarian	2		2
Moravian	1		1
Not any, or None in particular	7	3	10
Total of whom an account was given	82	67	149
Not stated	11	6	17
Total	93	73	166

Condition of the Patients with reference to Temperance.—In 12 cases this could not be ascertained (Table IX); in the remainder there was intemperance to a greater or less extent in 43 cases, or in 27·92 per cent.; but if we take the males alone, the proportion is much more than this, amounting to no less than 43·37 per cent., a proportion which must certainly be considered far higher than what would be a fair index of the intemperance of the male population at large.

TABLE IX.

Showing the Previous Habits of the Patients in reference to Temperance.

Habits.	M.	F.	T.
Temperate	47	64	111
Intemperate in various degrees	36	7	43
Total whose habits were stated	83	71	154
Not stated	10	2	12
Grand Total	93	73	166

Profession or Trade.—The rank, profession, or trade of the patients is shown in Table X; but there does not appear to be any such disproportion between the different classes as to call for particular remark.

The number of those admitted who were engaged in the different branches of the wool and cloth trades is fully accounted for by the kind of manufacture carried on in Leeds and the neighbourhood. It may, however, be remarked that of the males 10 (10·75 per cent.) were either spirit-merchants, malsters, or innkeepers—*i. e.*, connected either with the manufacture or retailing of alcoholic fluids.

TABLE X.

Showing the Rank or Occupation of the Patients.

	M.	F.	T.
Gentlemen and Gentlewomen	8	20	28
Clergymen	2		2
Military Officers	3		3
Physicians and Surgeons .	4		4
Banker . . , ...	1		1
Merchants, Manufacturers, and Cloth Trade . .	10		10
Cornfactor	1		1
Woolstaplers	2		2
Builder	1		1
Farmers	9	1	10
Spirit Merchant	1		1
Maltsters	3		3
Innkeepers	6	1	7
Tutor and Governesses . .	1	2	3
Students	2		2
Clerks and Book-keepers .	5		5
In Trade and Shopkeepers .	17		17
Woolsorters	3		3
Artisans and Mechanics . .	8		8
Housekeepers (4), Domestic Servants	1	9	10
Coachman, Carrier, &c. . .	5		5
Wives and Daughters of Tradesmen, Farmers, &c.		10	10
Dressmakers		3	3
Not stated or not any . . .		27	27
	93	73	166

[*To be continued.*]

IODURATED SYRUP OF SARSAPARILLA.

M. Ricord is in the habit of employing the following formula in the treatment of tertiary syphilis :—

Syrup of sarsaparilla, five hundred scruples ;
Hydriodate of potass, sixteen scruples.

He commences with three teaspoonfuls a-day (morning, noon, and night), and gradually carries the dose to twelve spoonfuls. Each dose is given in a glassful of the decoction of saponaria, hops, &c.—*Gaz. des Hopitaux.*

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JUNE 10, 1843.

Our present Number contains a communication from a correspondent, which adds another to the already crowded list of cases in which human life has been wantonly sacrificed at the shrine of ignorance and imposture, affording a fresh illustration of the imperfect state of certain of our code of laws, which are made to award the same punishment, and afford the same protection, to the mere ignorant pretender, as to the legally qualified practitioner. There still exists no legislative act by which the outrages inflicted upon the public health by the practices of the quack and the impostor can be prevented, or ensure redress for those who may be deluded by them. The credulity of the public, and the ready response afforded to the common motto of the charlatan,

> "Dulcique animos novitate tenebo,"

has been with much justice received as the cause of the success which has ever attended the career of impudent quackery. The public, it is urged, should protect themselves, and not seek medical assistance from those who are incapable of affording it. But how, let us inquire, are the public, or, at least, the uneducated classes, to judge whether an individual be a legitimate member of the profession or not? From the frequent impossibility of answering this question it is, that so many daily fall the deluded victims of the charlatan; from this it is that so many unqualified persons, even amid the jealousies and rivalry of metropolitan practitioners, ensure to themselves an unmolested course of success, gained, it is true, at the fearful price of sacrificed health, happiness, and lives of their fellow-creatures. Impostors rise up in quick succession, and, by practices alike disgraceful and criminal, succeed in attracting the notice of that "ingens turba stultorum," the public: the assumption of the style and title of medical practitioner furnishes the ready excuse for the patronage they receive, and, favored by the non-existence of adequate laws, do they elude all restrictions, and escape all punishment.

Ignorance, says casuistry, must plead the extenuation of their errors; ignorant of the fatal power of the means they employ, they have recourse to them with the best intentions, to save, not to destroy: the collective wisdom of a rustic jury hallows the arguments of the casuist, and an undoubted criminal emerges scatheless from a criminal prosecution, crowned with fresh honors, and armed with the knowledge of his legal security, to be again let loose upon the public, to commit increased outrages amongst them. What blind sophistry is all this! Is it ignorance, let us ask, to assume the possession of a knowledge which they have not? Is it ignorance to administer at hazard dangerous remedies, for the sole purpose of being paid for doing so? Is it ignorance to look calmly on, see life sacrificed, and play the sacrificer, without one thought or care for the happiness or the helplessness of the ill-fated victims themselves, or of those dependant upon them? Is it ignorance to tell the poor consumptive that the application of empty cupping-glasses to his expel the destroying malady that works within? Surely not. Yet do these things happen daily, and when death arrives to furnish the common climax, a jury unhesitatingly return a verdict of "not guilty," because the accused *was ignorant of the nature of the remedies he employed.* An extension of a doctrine such as this, would, in the instance of misadventure, place a properly educated medical practitioner in a position from which the quack and the impostor thus escape.

In the present instance, by what means was the poor man, Card, to judge whether the person calling himself Dr. Colmer was or was not a member of the profession to which he assumed to belong? Like the rest of the deluded *patients*, he had no means of judging. Did he question the respectability of his medical adviser, the doctoral dignity dispelled his doubts, and the existence of foreign diplomata, and their advertised salesman, were alike unknown to him. So is it in numberless other instances, and so will it be until the formation of better legislative regulations shall exterminate the whole race of quacks from among us. When this great desideratum shall have been attained, the medical profession must assume a higher rank, to be degraded only by the practices of some few of its own members, who, having once strayed from the path of professional respectability, cannot retrace their steps, or acquire a position, the right to which they have forfeited. Prussic acid vapour will still be said to cure cataract, and a *Member* of the College of Physicians may be the operator. Consumption may still be declared curable by the inhaling tube of a *Fellow*, whom we shall not honor by naming. The College of Surgeons may still be disgraced by numbering in its lists men who, in their empirical treatment of syphilis, considerately inform the public that "one small pill is a dose," or who profess to treat by "traction" deafness, phthisis, and heart disease! But we are not too sanguine when we express our belief that the formation of laws by which quackery would be regarded as a crime, and quacks as criminals, would quickly lead to the extinction of a class who at present serve to disgrace the science of medicine, and fearfully injure the interests and welfare of society.

What is the state of the law at present?—or, rather, what have been the decisions of our judges in such cases? As long since as the trial of St. John Long for the murder of Miss Cashin it was held that a legally qualified practitioner was as liable to have a criminal prosecution commenced against him, for any case of unsuccessful practice as the most notorious quack in the kingdom. And in a similar prosecution, in which the exhibition of drugs had been exchanged for the use of the knife, it was declared that any person, whether a regular practitioner or not, and who performs an operation which destroys the life of the patient, is not guilty of manslaughter.* In a third case the decision of Lord Lyndhurst was as follows:—

"In these cases there is no difference between a licensed physician or surgeon and a person acting as physician or surgeon without license. In either case, if a party, having a competent degree of skill and knowledge, makes an accidental mistake in his treatment of a patient, through which mistake death ensues, he is not thereby guilty of manslaughter; but if, where proper medical assistance can be had, a person totally ignorant of the science of medicine takes on himself to administer a violent and dangerous remedy to one laboring under disease, and death ensues in consequence of that dangerous remedy having been so administered, then he is guilty of manslaughter."†

By this rule it is declared that an unlicensed and irregular practitioner shall not be deemed guilty of manslaughter should his patient die under his treatment, if it can be shown that he "possessed a competent degree of skill and knowledge;" and the converse of this—namely, the absence of such competent degree of skill and knowledge—would render him obnoxious to a verdict of manslaughter. By this principle, and by this decision, it is most distinctly set forth that ignorance shall not be pleaded or received as a ground of defence in cases of this kind; and yet, in opposition to this, does a jury deliberately excuse a culprit on account of his ignorance! Again, if, where proper medical assistance can be had, a person totally ignorant of the science of medicine takes on himself to administer a violent and dangerous remedy, &c., and death ensues in consequence, "then is he guilty of manslaughter." Applying this to the case before us, two propositions arise. Evidence had been adduced (at least, the verdict teaches us to infer it) that Colmer was "totally ignorant of the science of medicine," and the jury had only to decide whether arsenic be a poison or not; and, secondly, whether "proper medical assistance could not be had." One answer only can be returned to these questions, and which ought to have induced a verdict of manslaughter. But the jury appeared to be little influenced by legal considerations, and, because they believed in Colmer's ignorance, which, *a priori*, should have assisted in the proof of guilt, they at once acquit him, and, we presume, pursued the common custom of offering their congratulations.

From the perusal of the case, as detailed by our correspondent, it is probable that the jury were not completely satisfied that the poor man had met his death from poisoning by arsenic. If so, why were the means of deciding the truth or the fallacy of this opinion not called for? Why was not a post-mortem examination instituted, and the body submitted to chemical analysis? There is, perhaps, no poison by which human life is sacrificed admitting of such clear and ready demonstration as arsenic, and the means thus within their power ought not to have been rejected.

By insufficient measures such as these is it that quackery meets its encouragement, and the health and lives of the public are cruelly sacrificed. The examination and the evidence employed in the coroner's court would thus seem to effect little or nothing towards the prevention of such unbounded mischief; and, as "folly will always find faith wherever impostors find impudence," so does the folly on the one hand, and the impudence on the other, ensure safe conduct through the judicial investigation.

In the case before us there are very many points upon which we would willingly make a few remarks; our limits, however, oblige us to relinquish their consideration for the present.

POISONING BY ARSENIC.—CORONER'S INQUEST.

By William Tomkins, M.D.,

Licentiate of the Royal College of Physicians, London, and M.R.C.S.

The following account refers to an inquest holden in February last, at Mudford, near Yeovil, on the body of a poor man named Card.

William Card, brother of the deceased, sworn: I am a laborer, and live in this parish, and my brother was also a laborer, and we lived together. He had been generally healthy until about three years ago, when he had a scorbutic disease over his hips. About that time he applied to Mr. Tomkins, a surgeon at Yeovil, and had some medicines from him, from which he derived benefit, and was able to attend to his work, which he continued to perform until about twelve months since, when he lost about a fortnight's work. Since then he has continued to work till last Monday week. In the summer months he was quite well, but towards the winter the disease returned upon him, as the cold weather came on. About six weeks ago he applied to a Mr. R. S. Colmer, a man who is called a "run-about doctor," living at Yeovil. He told me he had been to him, and he brought home some ointment and some pills, and I saw him anoint with the ointment, and take the pills, and he was better afterwards. He also prepared and drank a tea, which he had directions to do from the same person. He told me he had those directions from the same person. He afterwards continued his work as before, until last Saturday week. On the following Monday (Monday week) he told me he was going again to the same "doctor," and he went to Yeovil, but brought nothing back then. He went again on the following day, and brought back some stuff in a quart bottle, and he told me he got it from the same person. I saw him use part of it, a liquid which he applied to his thighs the same night, and he took two pills, one in the morning, and the other in the evening. When he applied the liquid it gave him great pain, but he was not sick after taking the pills. On Wednesday morning he got up about eight o'clock (he told me so). I was from home that day, but saw him in the evening; he was then very bad, complaining of heating and itching over his thighs. I slept with him; he took no rest, and was in great pain, and continued much the same on Thursday. On Friday he was worse, and fell away in a sort of fit. On Saturday he sat up the whole of the day, but took no other medicine, nor did he apply the liquid after Saturday evening; I saw him do it then. He continued to get worse from that time until he died, on Wednesday (yesterday), at half-past two in the morning, and I was present when he died. On Tuesday morning I went to the man Colmer, the "doctor" before spoken of, and saw him, and told him how my brother was, and asked him if he thought I had not better get some other medical man to see him. He replied, he would go and see him first, and he came and saw my brother in my presence. The deceased told him how he was, that he was no better, and then Colmer said he would go to Mr. Tomkins or Mr. Latham, and he appeared alarmed at the state my brother was in, and on Tuesday Mr. Tomkins came to see the deceased. On Monday night the deceased was sick, and vomited, and was purged a good deal, and the sickness continued until after I gave him the medicine Mr. Tomkins sent.

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* Rex *v.* Van Butchell.

† Rex *v.* Webb.

Cross-examined: The tea taken by my brother was dock roots, and the middle rind of elm. I saw him boil those ingredients, and drink about half a pint at a time of it. I don't think he employed Mr. Tomkins long; but last winter he employed Mr. Francis, a surgeon at Ilchester, and was better after that. He told me, when he brought home the lotion from Yeovil, that he got it from Colmer, and that he was to apply it over his hips twice a-day. The deceased did not send for Colmer after getting worse till last Sunday morning. I then went for him, and he came in the course of the day; I was present with him and deceased. Colmer inquired of deceased how he had used the lotion, and he answered, "All over the sore parts." He was swollen in his purse, and he had applied the lotion to that part. Colmer told deceased he had done wrong in applying the lotion over the purse, and that it was contrary to his directions, and deceased did not contradict him. Deceased said it was broken out there, and he thought it proper to do it. Colmer applied some oil to the sore places; the bottle was marked olive oil, and he applied poultices to that part also, to reduce the swelling, and it had that effect to a certain extent. This was on Sunday, and he came again on Monday, and repeated the same application, and visited him again on Monday evening, and on Tuesday after I went for him. The vomiting commenced on Tuesday morning about three o'clock, soon after he had taken some oil. He also took some mutton fat and milk, which he had been advised to do by Colmer. Deceased had continued the application to the parts twice a-day from the Tuesday until Saturday evening.

William Tomkins, surgeon, sworn: I have known the deceased for some years, and I recollect his applying to me about two years since, on account of some eruption in the front part of the thighs. I gave him alterative medicine, and directed him to foment the parts with emollients. I only saw him once or twice on that occasion. On Tuesday morning I was informed that Colmer had wished me to see the deceased at Mudford-dock, and I attended soon afterwards. I had learnt from my assistant (Mr. Latham) what had been applied to the patient. On visiting the deceased I found him in bed, and in a dying state, his thighs swollen, particularly the left one. The scrotum, abdomen, face, and head, were also much swollen. I understood from some of the family that deceased had been constantly vomiting and purging for some hours. His tongue was dry, nearly black, and I also understood he had found great difficulty in swallowing. He was delirious, and incapable of answering any questions wholly, except when roused; his eyes were suffused, and I could not distinguish any pulse at the wrist. I said in his presence, that I thought there was no chance of his recovery, that I would give him something, but feared it would afford him no relief. I directed information might be sent me how he was in a few hours, which was done, and it was to the effect that he could not swallow, and appeared to be dying. On the following morning (yesterday) I was informed he was dead. Since I saw the patient I have seen Colmer, the man spoken of by the last witness. He lives at Yeovil. I don't know that I have ever seen him before, nor did I know anything of him. He told me that the lotion which he gave deceased was composed of arsenic, in the proportion of half an ounce to two quarts of water, and that of this he had given him a pint and a half bottle. Such a lotion, applied to a sore or abraded surface, could not have been used without extreme danger. Such appearances as I have described would result from the application and absorption of arsenic, as it would first produce inflammation in the part, then be taken into the circulation, which would affect the stomach and bowels, producing sickness and purging; it would also act on the nervous system, affecting the brain, and producing delirium. I believe persons generally die from inflammation of the stomach when arsenic has been absorbed, and I have no doubt deceased did die from absorption of arsenic into the system.

Cross-examined: I think Colmer said there was some vinegar added to the lotion, but I cannot say the quantity he mentioned. He said the arsenic was a powder.

William Card, recalled: The lotion smelt very strong of vinegar, and deceased told me he had bought a pint and a half, which he had taken to Colmer. I think the quantity of lotion used by my brother did not exceed half a pint, and the man (Colmer) took away the remainder.

Mary Card, sworn: I am sister to the deceased, and was with him in the evening before his death. I asked him whether he thought the medicine had done him any injury, and he told me "No," and he thought the man had done all in his power for him.

I cannot help adding a few remarks to the above case, and in the first place I must state that the coroner summed up the evidence clearly and explicitly, telling the jury "that the law of this country had declared that when a person, who was not a medical man, administered medicine to another, of the qualities of which he was ignorant, even though he might do so with the best possible intentions, yet if the individual died in consequence of such ignorance, the person so giving or applying that medicine was guilty of manslaughter, and that in his opinion they must come to that conclusion." Colmer, however, had retained Mr. Vining, a solicitor in this town, in his behalf, who cross-examined the witnesses, and by the permission of the coroner afterwards addressed the jury, and quoted several cases from law reports, in which he stated that the law made no difference between a medical man and any other person who might think fit to act in that capacity; and I must say that Mr. Vining did the most ample justice to the cause of his client, inasmuch as his law quotations and address induced the jury to find "that the deceased had come by his death through the application of a lotion with the nature of which the person using it was ignorant." After the evidence had been gone through, the coroner inquired of the jury if they would have a post-mortem examination of the body; but they declined it, thinking it "*quite unnecessary.*" From perusing the above recital, every man possessing the feelings of common humanity must blush to think that the law of this country (if such be really the state of the law) should allow an impudent charlatan to sport with human life with daring effrontery, and escape the punishment due to his offence, even though the deceased declared that the "doctor had done all he could for him," and certainly he could do no more, unless he had bought a coffin and shroud, and afforded him a decent interment. Now, if the law be as Mr. Vining affirmed, then we are, I presume, to understand that our courts of assize, our judges, counsel, attorneys, jurymen, &c. &c., are all a "splendid farce;" for here is an ignorant, presumptuous individual, who, at the inquest, was stated to have been a journeyman weaver, but calling himself, forsooth, the "hygeist, Dr. Colmer," who employs, in form of lotion to an abraded surface, a rank poison, the application of which is followed by the death of the ill-fated patient, and escapes with impunity. If this statement were read to a foreigner—a Frenchman, for instance (and France has set a noble example for the imitation of this country for the suppression of quackery)—he would naturally exclaim, "Surely your legislators must be ignorant of the occurrence of such cases;" but, I ask, are they ignorant of them? I refer to the trials of St. John Long, Morison, and Co., and they will furnish a reply. Then how does the matter stand? Why, that a regular practitioner is to go through a very long and expensive curriculum of study, is to pass a severe examination, and receive a diploma of qualification, and that, having done so, he renders himself amenable to the law in case he is guilty of mal-praxis, and that law would make him pay smartly for it, whilst the law appears to screen or wink at murder itself, if committed by an ignorant, impudent pretender. Now, I was told in a party, where I met many respectable and intelligent men, that this was an unfortunate case, and that the deceased was to be pitied, as he was a poor, uneducated creature, and had applied to Colmer through ignorance; but I asked them, as I now venture to ask the readers of this widely-circulated Journal, if the same remark applies to the names of some of our royal family, to those of many of our nobility, our bishops, and clergy, whose names and titles we constantly see appended as passports to the nostrums of the most barefaced and audacious quacks of the day. And are the members of an honorable, a scientific, and a most useful profession, to have no redress, to receive no protection? Are the powers that be to slumber, and let these outrages upon every principle of justice and humanity pass by unheeded?—or, rather, is not the day arrived when every member of our profession should call on the more humane and intelligent portion of the community to join them, that they might rise as a "giant refreshed from sleep," and call on the legislature, in a voice of thunder, to give them protection, and defend the public from such outrages? How can we reconcile this reckless indifference to the sacrifice of human life with the general proceedings of the present day? Look to the amelioration of the penal code; how anxiously and properly, as few will venture to deny, has our legislature there provided against the sacrifice of human life within the last twenty years; and here let me again refer to our courts of assize, where, if a man is known to have committed a foul and bloody murder in the broad light of day, he is not even to be pronounced guilty till he has been arraigned, and passed through all the vast machinery of the law, and twelve honest and true men of his country have pronounced their fiat of guilty upon him. But here is an unfortunate, and, it might be, ignorant man, whose only offence was that of his having a simple local disease, unattended with danger, sacrificed in the broad light of day, and the person sacrificing him escapes, because, said the jury, he used a lotion, and was ignorant of its nature. Had they ever read Ovid, who said, "Res est sacra miser?" Might I not here fairly ask if the College of Physicians, the College of Surgeons, and the Apothecaries' Hall, are of any use in this country, and whether the legislature is not going a little out of its way in compelling men to qualify themselves, and become members of them? And if I am told that they are of use, and the legislature is right in insisting on such qualifications, as a protection to the public, then I ask, how are we to reconcile the principle with the case I have recorded? Let us just take a glance at the law, of which I, with all submission, would say, as a great medical author said of the pulse, "Res fallacissima est." No man, as I understand it, can practise as an attorney, unless he has been regularly articled, and *legally* admitted into the profession. Should a pettifogger or quack be found to act in the *law*, where merely a small amount of property is concerned, he is directly punished for having so acted, contrary to the statute and the law of the land; but whilst that law, as I have said, is fallible—whilst it is subject to alterations, to meet the exigencies of men, and sometimes to suit the interest of one great party, regardless of the heavy blow which it inflicts on that of another, to promote the welfare of a company, and destroy the happiness of a cottage—there is one great, eternal, and everlasting law, which never alters, never can be changed —the law of God, which says, "Thou shalt not kill;" and in open violation of that law does the presuming quack convey away the life of the innocent patient, and escape the punishment justly due to the offence.

Yeovil, May 29, 1843.

ACADEMY OF SCIENCES, PARIS.

May 29, 1843.

BLACK CATARACT.

M. Magne forwarded the following case of this rare and curious disease:—

A female, above sixty years of age, had labored under some affection of the eyes, for which she had consulted a great number of oculists. She was quite blind; the eyeballs were prominent; the sclerotica appeared to be thin; the iris well shaped, but perfectly immoveable; bottom of the pupil dark, as in the healthy state.

From these and other symptoms, the disease was supposed to be amaurosis; but a second examination of the patient was made in a darkened chamber, and with the aid of a candle, as recommended by M. Sanson. The deep-seated images were absent, and the author accordingly declared the case to be one of black cataract, with adhesion of the iris. The diagnosis having been confirmed by M. Cruveilhier, the lens on the right side was depressed, on the 25th of March, 1843. The adhesions of the iris were numerous; but as soon as the capsule was lacerated, the dark color of the lens became evident, and, on depressing it, several black fragments were detached.

On the second day after the operation the pupil appeared to be less contracted, the base being quite dark, but on the following day it was closed by a white substance. M. Cruveilhier regarded this as the lens, which had come forwards, after having lost its dark color in the vitreous humor. The operation was unsuccessful, and was, therefore, repeated in a fortnight; but the first touch of the needle showed that the body supposed to be the lens was, in reality, the capsule, which was extremely soft and elastic. A few shreds were removed with much difficulty, and the patient recovered but a very imperfect power of vision.

PUERPERAL CONVULSIONS IN UNION HOUSES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In reply to the letter of Mr. Storrs concerning the frequent occurrence of puerperal convulsions in union poorhouses, I beg to communicate the following observations.

In the poorhouse situated at Swaffham there have been forty-eight women delivered since the house was opened; of these the greater number were unmarried, and three cases of convulsions occurred, making the average 1 in 16; in each case the woman was single, and pregnant for the first time.

In the first case the patient was but 17, and her youth, combined with her small stature and an almost childish appearance, had made her the subject of much observation, by which she had been a good deal annoyed and excited during her pregnancy; the convulsions came on very early in labor, and were very violent; delivery was accomplished by perforation. Copious bleeding and stimulating enemata were employed, and she perfectly recovered.

The subject of the second case was a woman of weak intellect. The convulsions were not severe, and, as the uterine action was suspended, two doses of ergot were given. Under its influence she was delivered in about half an hour of a living child; one more convulsion occurred, and manual aid was necessary to remove the placenta, which was retained by the irregular contractions of the uterus. After this no more convulsions occurred, a dose of castor oil was given, and the patient recovered perfectly. In this case scarcely any blood was taken, as her veins were so small as to afford but a few drops, and it was not considered necessary to open the temporal artery.

The third case was one of convulsions occurring after delivery. This patient had undergone much mental suffering during her pregnancy, owing to the bad treatment she experienced from the father of her child; the first convulsion seized her four hours after delivery, which had been easy and natural; the fits recurred at short intervals, and with great severity, she being quite insensible during the intervals, with labored but not exactly stertorous breathing. Stimulating enemata were administered and blood was freely taken three times; at the third bleeding, however, the pulse diminished much and quickly, both in power and frequency; and now, twelve hours from the first attack, fifty minims of liq. opii. sed. (Battley) were given; from this time the convulsions occurred at much longer intervals, and with much less severity; she fell into a sound quiet sleep, and awoke in about eight hours perfectly sensible. Her recovery was complete and speedy.

In Dr. Merriman's work on "Difficult Parturition," there are several tables showing the average frequency of the various complications of labor, from which I have extracted the following:—

An Abstract from the Registry of the Dublin Lying-in Hospital, from 1787 to 1793, by Dr. Joseph Clarke.

No. of Women delivered.	Convulsion Cases.	Proportion.
10,387	19	1 in 546

Of these 19 cases, 16 were first pregnancies, 17 occurred before delivery, 6 women died, 10 children were still-born, 3 were delivered by forceps, 6 by crotchet.

Dr. Collins' proportion is 1 in 555.

Midwifery Reports of the Westminster General Dispensary, by Robert Bland, M.D.

No. of Women delivered.	Convulsion Cases.	Proportion.
1,897	2	1 in 948

Cases occurring in Private Practice.

No. of Women delivered.	Convulsion Cases.	Proportion.
2,947	5	1 in 589

Table showing the Number of Deaths during the Puerperal Month in the Practice of a " Physician of Eminence," from 1786 to 1800 (" Willan's Report of the Diseases in London, &c.")

No. of Women delivered.	*Deaths* from Convulsions.	Proportion.
2,982	4	1 in 745

Table showing the Number of Deaths during the Month of Childbed, in the Practice of a Physician, between the Years 1760 and 1810.

No. of Women delivered.	*Deaths* from Convulsions.	Proportion.
10,190	2	1 in 5,095.

In a " Report on Midwifery in Private Practice," by my father, published in Vol. VII. of the " Transactions of the Provincial Medical and Surgical Association," there are two tables of midwifery statistics; the following are the proportions of convulsion cases in each:—

Mr. Bailey's Cases.

No. of Women delivered.	Convulsion Cases.	Proportion.
2,769	11	1 in 256

Mr. Rose's Cases.

No. of Women delivered.	Convulsion Cases.	Proportion.
600	4	1 in 150

Of these four women, two only actually had convulsions, the other two had premonitory symptoms only, which were removed by a copious blood-letting. In his report my father has related six cases of convulsions, in five of which the women were pregnant for the first time, and in one case unmarried; two of these six women died.

In these few tables the frequency of convulsions as a complication of labor is much less than in the poorhouse attended by Mr. Storrs, or in that situated at Swaffham; the proportion in the one being 1 in 16, and in the other about 1 in 15. The whole number of cases attended in either house is at present so small that we can hardly draw any conclusions from the facts, as years may elapse before another case of the kind occurs; still, if a like high proportion be found to obtain in other poorhouses, it is a subject deserving the fullest and most minute investigation. At the time I attended those cases which occurred in this place, my impression certainly was that the state of mind of the women had induced a strong predisposition to the occurrence of convulsions.

I am, Gentlemen,
Your obedient servant,
Caleb Rose, M.R.C.S.

Swaffham, Norfolk, June 1, 1843.

REGISTRATION OF DEATHS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In consequence of a letter appearing in your Journal of May 13, relative to the registration of deaths, signed C. R. Bree, I am induced (as I have had some experience in the matter) to trespass upon your columns with a few observations on the subject.

In order to form a correct account of the various diseases peculiar to the several districts in the kingdom, I am induced to suggest the propriety of appointing competent persons to fill the important office of registrars, as upon this, in my opinion, must rest the accuracy of the statistics of this country.

I perfectly coincide with Mr. Bree in the impropriety of many of the terms used by registrars in recording the cause of death; yet I have never witnessed any indicative of such gross ignorance as those described in Mr. B.'s letter. I am convined it is utterly impossible to arrive at correct information as to the cause of death, unless the legislature adds a compulsory clause to the Registration Act, to compel medical men to furnish the necessary information; and it is highly desirable that members of the medical profession should be appointed as registrars, with adequate remuneration.

I have upon many occasions applied to medical men for a certificate as to the cause of death, and have been actually refused, because they were not legally compelled to furnish such information.

I have stated my views on the subject to the late Registrar-General, and I was in hopes the deficiency in the act would have been rectified long ere this.

I am perfectly satisfied (from the experience I have had) that no correct statistical nosology of the diseases of this country can be accomplished, unless medical practitioners are by law obliged to furnish the registrar with a certificate specifying the cause of death in every case.

I am, Gentlemen,
Your obedient servant,
A Medical Practitioner, and Registrar of Births and Deaths from the commencement of the Act.

DIAGNOSIS OF ENCYSTED HYDROCELE;

PRESENCE OF SPERMATOZOA IN THE CONTAINED FLUID.

Mr. Liston has recently made some observations in cases of hydrocele, which have induced him to believe that certain collections of fluid within the scrotum are more intimately connected with the testicle, or its seminiferous tubes than has been generally believed. In the diagnosis of encysted hydrocele the fluid contained in it is clear and limpid, exhibiting no trace of albumen—a feature not observed in the collections found in the tunica vaginalis—and in the operations for radical cure inflammation more rarely supervenes than in cases of common hydrocele. A case illustrative of this view occurred, in which fluid had formed on both sides of the scrotum; the largest cyst was punctured, and eight or nine ounces of thin fluid escaped. A few months afterwards the other side was tapped, five or six ounces of ordinary serum being evacuated. Soon afterwards the first cyst again filled, it was again punctured, the fluid removed presented the same physical characters, and, on being submitted to examination by the microscope, was found to contain spermatozoa, together with mucous globules, and some of the primitive cells in which the former are developed. Spermatozoa were a second time observed under the same circumstances in another, and similar case. In the first case related the fluid removed from the scrotum was not microscopically examined until the second day, and the spermatozoa presented no movements; but in the second, when the employment of the microscope was had recourse to at an earlier period, they were seen to move actively for a considerable time after their removal from the cyst.

RETROSPECT OF THE MEDICAL SCIENCES.

FOREIGN BODY IN THE RIMA GLOTTIDIS.

In a discussion upon the case of Mr. Brunel, at the London Medical Society, the following case was introduced by the president, Mr. Pilcher:—

A little girl, two or three years old, whilst playing with a pebble, suddenly swallowed it, and it was thought it had passed into the trachea. The child, however, continued playing about in perfect health, and there was not the slightest indication afforded by the stethoscope that a foreign body was in the air-passages. She had occasional fits of coughing, and after one of these, more violent than usual, was brought to him. He wished to see her during a paroxysm; this, however, he did not do, for shortly after the child fell dead while in a fit of coughing. A rounded pebble was found in the rima glottidis, and there was a slight appearance of inflammatory action at the bifurcation of the trachea. It would appear that the foreign body had been playing up and down the trachea for weeks, and had at last become fixed in the rima glottidis. In this case a tracheal opening would have saved the patient. In the case of a child, three or four months old, who was being nursed under a hedge in a hay-field by a very young child, the infant was suddenly seized with a croupy kind of breathing, and its face became bloated. The child was treated for acute laryngitis, and died. A piece of cabbage-stump, lying obliquely between the vocal cords, was discovered after death. If the presence of this body could have been detected during life, laryngotomy could have been performed with a successful issue. These two cases had made an impression on his mind, and he felt determined, should a case warranting interference occur again, to resort to operative procedure. Some time afterwards he was requested by a surgeon to see a child who was supposed to have a tamarind-stone in the trachea. There were no symptoms of its presence, however, in this tube; the child remained well, and there was no irritation. An opening was made in the child's trachea and forceps introduced into the tube. No stone could be detected. The child fell into bad health, and acute bronchitis came on. It then became a question whether the bronchitis had not been induced by the opening in the trachea, and it was thought advisable to close it. Previous to this being done, however, the late Dr. Thomas Davies was consulted. He thought, after a most careful and minute examination, that the tamarind-stone had not passed into the trachea at all, and that the aperture should be closed. This was done, the child rallied for a short time, but soon sank and died. On examination after death the tamarind-stone was found imbedded in the upper part of the right lung, having passed through the right bronchus. The lung was one mass of disease, and in quite a pulpy condition.—*Lancet.*

NEW MODE OF ADMINISTERING MERCURY, AND THEORY OF ITS CHANGES IN THE SYSTEM.

M. Mialhe is considered to have established that all the preparations of mercury employed medicinally act by being changed in the animal economy into the bichloride, to the action of which preparation their therapeutic and toxicological effects are owing. This chemical change is produced by the alkaline chlorides present in the humors of the animal frame. The proportion of bichloride thus formed is partly in correspondence with the quantity of the alkaline chlorides present, but partly also dependant on the kind of mercurial preparation taken, the deuto-salts being at once converted into corrosive sublimate, while the proto-salts pass first into the state of proto-chloride, and only attain their final composition and efficiency by a secondary change. Finally, the bichloride of mercury forms, in conjunction with the alkaline chlorides and the albuminous materials of the blood, a chemical combination susceptible of traversing the whole vascular system without appreciable alteration.

Acting upon these data, M. Mialhe, in order to place the animal system as early and as certainly as possible under the influence of mercury, proposes the employment of what he calls a normal solution of mercury *(liqueur mercurielle normale)*, and which is composed as follows:—

Bichloride of mercury, four and a half grains;
Chloride of sodium, fifteen grains;
Muriate of ammonia, fifteen grains;
The white of an egg;
Distilled water, a pint.

Beat the white of egg with the distilled water; filter; dissolve the three ingredients in the fluid, and filter anew.

In an ounce of the above solution there is consequently rather more than a quarter of a grain of a bichloride of mercury.—*Journ. des Conn. Med. Prat., in Lancet.*

ON THE MEANS OF PRESERVING VEGETABLE ROOTS FOR MEDICINAL PURPOSES.

In a recent communication made to the Medico-Botanical Society by Dr. Houlton, on the collecting and preserving roots for medicinal purposes, the author attributed the discordant opinions amongst authors relative to the active properties of medical plants to the want of information respecting the method and period for collecting them. The directions in the London Pharmacopœia are uncertain and erroneous. Dr. H. directs that all roots be taken up at the time that the leaves die, as they then abound with the proper secretions of the plant. No exception exists to this rule, but it applies equally to the roots of arborescent plants, and to cormi and tubera. In the case of biennial plants this rule is of much practical importance, they requiring to be taken up during the first year of growth. Roots intended to be preserved should be dried as soon as possible after having been removed from the ground; large tree roots, especially the more juicy ones, dry better in their entire state than when sliced.

A CEREBRAL MURMUR A SIGN OF EFFUSION INTO THE BRAIN.

Dr. Smyth has described four cases of chronic hydrocephalus, to all of which he heard a cerebral murmur accompanying the circulation in the brain, and which he regards as a diagnostic sign of value, and indication of the earliest stage of the disease; he regards it as being caused by a certain morbid action of the vessels of the brain, which precedes and accompanies more or less dropsical effusion in that organ.

POLYPOID TUMOR IN THE TRACHEA.

Mr. Stallard has recorded in the "Medical Gazette" a case in which a polypoid tumor had formed in the trachea. The patient was admitted into the Leicester workhouse, laboring under symptoms of bronchitis. For a long time past she had been subject to asthma, and her cough had been much aggravated by privations and exposure.

By the exhibition of ordinary remedies she somewhat improved; but on the fourth day after her admission she is described as having gone to bed as usual, about eleven o'clock, and had a violent paroxysm of coughing, which continued for upwards of an hour. She then got out of bed, and whilst sitting by the side of the bed died before any assistance could be obtained.

Sectio Cadaveris, Thirty-six Hours after Death.

The lungs were emphysematous. The smaller bronchi were healthy, but the right and left divisions were highly congested. In the trachea was found a loose body of a polypoid nature, about the size of an almond, and having a pedicle about three-quarters of an inch long. The trachea at its lower part was much congested, and about an inch and a half below the cricoid cartilage, on the left side, the mucous membrane was considerably thickened and inflamed. About half an inch below the cricoid cartilage, at the anterior part, were the remains of the pedicle of the polypus; and above this point the trachea presented the natural appearance. The stomach was small and contracted. The liver on the whole larger than usual; it consisted of twelve or fourteen lobes, varying in size from a nut to a large orange; the larger ones, three in number, corresponding with the right and left lobes and the lobulus quadratus; in structure it appeared healthy. The kidneys and spleen were very large. The uterus was carcinomatous.

APHONIA CURED BY GALVANISM.

Theodore Mandurik, a Dalmatian, twenty-four years of age, of sanguine temperament and a robust constitution, and who had usually enjoyed good health, killed one of his countrymen in a quarrel, for which offence he was incarcerated in the prison at Scardona. Three days afterwards he was attacked by a violent fit of epilepsy, followed by entire loss of voice, to restore which external local and general bleedings, and antiphlogistic measures of all kinds were employed without effect.

In a few months he was removed to the central prison of Zara, where he was examined by the medical staff. The tongue was somewhat enlarged, and preternaturally reddened, though dry, and the blood-vessels around its base were much distended. The sense of taste was uninjured, but the movements of the tongue and of the larynx were performed with difficulty. Leeches were now applied to the sides of the tongue; tartarised antimony, in both large and small doses, and drastic purgatives, were employed, and a tartar-emetic plaster was placed over the larynx; but all these means failed to restore a healthy action in the parts adjacent, and Mandurik was still compelled to keep his mouth partially open to maintain respiration, a function only performed by short and difficult inspirations. At length, about sixteen months after the attack, the voltaic pile was thought of, and a battery of fifty pair of plates was employed. The positive pole was placed over the cervical vertebræ, and the negative upon the parts affected. On the first day two hundred shocks were given, and on the second three hundred, but no perceptible effect followed. Two days were suffered to elapse, and a battery of seventy pair of plates was then used, with which about three hundred shocks were given. The patient was found acutely sensitive to the action of electricity, and a lapse of five days was permitted to intervene before its fourth application, which consisted of four hundred shocks with the last-named battery. Whether these had been administered too precipitately, or whether his system had become more excitable by galvanism, the patient after this last application became much agitated, and subsequently fainted for a short time. Next day he suffered intense headach, his face was flushed, eyes lustrous, pulse full and strong, from which state he was relieved by copious bleeding. But he now, for the first time, gave utterance to hoarse sounds. After six more days the battery of fifty pairs was again employed, and three hundred shocks were given. The same treatment was repeated every two or three days, and then, at similar intervals, four hundred shocks were given with the seventy-pair battery. The voice, meanwhile, and the motive power of the tongue and larynx, gradually returned to their normal condition, and after the twelfth application the patient had completely recovered. The deduction drawn by the surgeon who has reported the case is, that no nervous affection whatever should be regarded as incurable till electricity in some form has been tried and found to fail.—*Giornale de Progressi della Patologia e della Terapeutica*, in *Lancet.*

CONSERVATION OF MISTURA FERRI COMPOSITA.

Mr. Strutton, in the "Chemical Gazette," gives the following formula for the mistura ferri composita, by which its decomposition may be prevented:—

Myrrh, two drachms;
Carbonate of potash, one drachm;
Rose water, fifteen and a half ounces;
Spirits of nutmeg, an ounce;
Sugar, two ounces. Mix according to the Pharmacopœia and dissolve.

Sulphate of iron, two and a half scruples, dissolved in two and a half ounces of rose water.

When required, add to seven drachms of the first mixture, one drachm of the latter, which saves the trouble of preparing it for every prescription, and is equal to the mixture being fresh made every time it is wanted.

EXAMINATION OF THE BODY OF THE LATE MR. TYRRELL.

(Fifty-six Hours after Death.)

Chest.—The pleura closely adherent throughout the whole of the right side of the chest by old adhesive bands. On the left by a few only.

The right lung hepatised, or consolidated, nearly throughout its whole extent; there being only a very small portion that was crepitant on pressure. The mucous membrane of the lower portion of the trachea and right bronchus thickened, and of a dark brick-dust hue. Left lung engorged with blood, but crepitating tolerably on pressure.

The pericardium considerably distended, and containing from an ounce and a half to two ounces of dark fluid blood. On the posterior aspect of the right auricle the investing pericardium, for a considerable extent, had a rough, depressed, and, by the aid of a lens, an ulcerated appearance; while the opposite surface of the loose pericardium, to the same extent, had a granular or tuberculated appearance, very similar to the tuberculous accretions which we find occasionally on the peritoneum; there were two or three adhesive bands connecting these two surfaces.

The heart itself was twice the natural size; the muscular fibre pale, flaccid, flabby, and collapsing; the cavities of both ventricles much dilated, but without hypertrophy of their walls; the left ventricle more especially dilated; in the right ventricle were two or three delicate filaments of lymph of considerable strength, stretching between the carneæ columnæ and chordæ tendineæ, and across the cavity, the evident result of former endocarditis. All the valves of the heart and aorta were perfectly natural.

The liver was enlarged, very much indurated, especially at the superior portion of the right lobe, and granular throughout.

Signed,
H. S. Roots, M.D.
C. Aston Key.
George Beaman.
James Dixon.
William Trew.

Note.—The fluid blood in the pericardium was most probably exuded from the depressed and apparently ulcerated surface of the pericardium before stated.—*Medical Gazette.*

WESTMINISTER HOSPITAL.

Mr. Guthrie on Tuesday last resigned the office of surgeon, but will still afford his services to the hospital as consulting surgeon, and will continue to deliver annually to the pupils his course of clinical lectures. Mr. Hale Thomson, who has for many years been assistant-surgeon, will of course succeed to the appointment of surgeon. The candidates for the assistant-surgeoncy are—Mr. C. Guthrie, Mr. Benjamin Phillips, Mr. Rutherford Alcock, and Mr. Bennett Lucas. We believe that Mr. C. Guthrie will be elected.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, June 2, 1843.

E. B. Clayton, J. A. W. Thompson, W. Gompertz, T. B. Stone, C. H. F. Routh, P. Grubb, J. T. Pearce, J. Cross, J. W. Wainwright, R. Field, M. F. Bush, T. Berryman, F. H. Hewitt, J. C. Foulkes.

Monday, June 5, 1843.

G. Lister, J. H. Blount, J. Duigan, T. Dawson, W. Smith, W. W. Clarke. W. C. Northey, A. B. Temple.

APOTHECARIES' HALL.

Licentiates admitted Thursday, June 1, 1843.

Charles Withington, Pendleton; Alfred Markwick; Robert Banks Penny; Paget Chawner, Burton-on-Trent; Alfred Charles Ayres, Ramsgate; Edward Holland Ambler, Churchstoke; Theophilus Miller Gunn, Chard; Richard Cammack, Berrington; Spencer Thomas Frost, Norwich; Capel Whitmore Blashfield, Abergavenny; James Henry Coveney, Stilton; Charles Meeres, Herts.

Thursday, June 8, 1843.

Robert Webb Watkins, Towcester; William Fisher, Kendal; Lionel Roberts, Exeter; Robert Price Roberts, Denbigh; Frederick James Genet, London; Samuel Wilson, Gateshead; John William Tripe, London; James Pestell, Bedford; Benjamin Bird; John Eastwood, Meltham, Yorkshire.

TO CORRESPONDENTS.

A Subscriber.—The Portfolio, to contain the numbers of the Provincial Medical Journal, has always been on sale at the publisher's, and can be obtained through any bookseller.

ERRATA.

In last Number, p. 183, col. 2, line 54, for "account," read *accounts;* in note at bottom of same page, for "du maladies," read *des maladies;* p. 184, col. 2, line 41, for "follow," read *follows;* p. 185, col. 2, line 2, for "gonorrhœa," read *gonorrhœas;* p. 191, col. 2, line 42, for "les," read *la;* line 44, for "etat," read *etait;* line 48, for "ou," read *on;* line 55, for "prononcet, read *prononcur;* line 59, for "pen," read *peu*, and for "penchargees," read *peu chargées;* p. 192, col. 2, line 20, for "portions," read *positions;* p. 196, col. 1, line 19, for "were," read *was;* p. 107, col. 2, line 16, for "*mes*," read *mes*,

FOR IMMEDIATE DISPOSAL, a MEDICAL PRACTICE, situate in the county of Gloucester; Receipts, £450 per annum. The Premium required is £350, and the Surgery Fixtures to be taken at a valuation. Only a short but sufficient introduction could be given by the present Practitioner, personally. Also, two small Medical Practices; Receipts, £250 and £300 per annum, the former 60 miles south, the latter about 90 miles north, of town. Three months' introduction will be given. The Premiums required for each are moderate, and satisfactory reasons will be given for their being relinquished.

For further particulars, apply to Mr. Lane, Medical Agent, 13, John-street, Adelphi, from Twelve to Four, or by letter, post paid.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS, TO DR. HENNIS GREEN, 58, MARGARET STREET, CAVENDISH SQUARE, LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION, TO DR. STREETEN, WORCESTER.

Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by Henry Renshaw at his residence, No. 356, Strand.—Saturday, June 10, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 142.] LONDON, SATURDAY, JUNE 17, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES
ON
VENEREAL AFFECTIONS
DELIVERED
AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE VI.

April 29, 1843.

Treatment of balanitis—Local depletion—Caution in the application of leeches—Influence of position—Propriety of operating for the removal of phymosis—Inutility of copaiba, cubebs, &c.—Urethritis, or true gonorrhœa—Five forms of the disease, as modified by locality—Premonitory symptoms—Stage of suppuration—Declining stage—Signs of stricture—Complications and accidents—Retention and incontinence of urine—Hæmorrhage—Abscess—Bubo—Abortive treatment—Injections—Copaiba.

Gentlemen,—To resume the subject began at our last meeting, it now becomes necessary that I should bring before you the chief rules according to which I conceive the treatment of external gonorrhœa should be conducted.

If the inflammation be very violent, you will find the application of leeches to the inguinal regions sufficient to subdue it, without resorting to the lancet, which may, however, be called for by the great intensity of the symptoms in persons of very plethoric habit. But in no case should leeches be applied to any part of the penis itself; I have seen diffused suppuration and gangrene consequent upon the neglect of this precept.

Whenever the surgeon has reason to suspect the presence of chancre, the patient must be impressed with the necessity of isolating the leech-bites from any possible contact with the suppuration. Some eighteen or twenty years ago a young practitioner, ignorant of the dangers of such contact, omitted recommending his patient to protect with care thirty leech-bites existing in the groin. The result was that each wound was changed into a rebellious ulcer, which extended over the entire groin, and gave no small trouble and uneasiness to the above-mentioned practitioner, who was no other than the professor who now addresses you.

Experience has taught me that emollient lotions, frequently resorted to in similar cases, are the very worst applications which can be made, and tend only to produce on the internal surface of the prepuce a plentiful crop of cauliflower excrescences. The best wash, and that which acts in the most rapid manner, whatever be the degree of activity of the complaint, is, without doubt, a slightly astringent solution of nitrate of silver. That which I employ, and from which I have seen most benefit derived, is the following:—

Nitrate of silver, 2 grammes;
Distilled water, 200 grammes;

or equal to about five grains of the former to an ounce of the latter. The lotion should be employed three or four times a day, alternating with a poppy injection. The application of lunar caustic to the part is attended with more pain, but with equally satisfactory results.

The influence of *position* on all inflamed organs has likewise shown the advantage of keeping the penis in an elevated situation, with an appropriate bandage.

Benefit will also be derived from the exhibition of five or six grains of camphor daily, to obviate erection.

An important question connected with the treatment of this variety of disease refers to the propriety of operating for phymosis in cases of external gonorrhœa, during the suppurative or ulcerative stage of the malady. It was formerly a rule with surgeons in this country that, whenever phymosis existed, the glans penis should be laid bare by means of an incision, in order to expose and inspect the diseased parts. This precept has been broken through of late years with advantage, and the directly opposite practice is adopted by all those who have experience in syphilitic diseases.

For my part, I operate only when the incision is rendered indispensable by threatened gangrene, and my reason is, that if chancres do exist, concealed by phymosis, the operation will be followed by the chancrous transformation of the whole extent of the wound made by the surgeon. Besides, in many instances the phymosis is only a temporary state, induced by the inflammatory swelling, which will, on subsiding, permit a proper degree of freedom to the membranous appendage of the penis. If, on the contrary, a congenital impossibility of exposing the glans exist, the inflammation must, in the first instance, be subdued, and then the knife may safely be employed to remove the deformity. This practice was constantly followed by one of our great authorities on syphilis in France, Cullerier (nephew), and it is that which I constantly adhere to, and which I would recommend to all those who have at heart the welfare of their patients, and the interest of their own reputation.

Vegetations, cauliflower excrescences may exist, and render the operation indispensable. You have seen me, a few days since, operate on a patient of this kind, who left us but yesterday, perfectly cured. The vegetations had existed for nearly twelve months, and gradually increased, so as to render retroflexion of the prepuce impossible. When the man entered the hospital, you noticed the distension of the prepuce, and the incipient gangrene of the skin. Under such conditions, the only course left was an operation. The dorsal region of the prepuce was incised on the mesial line, and also the inferior region, so as to form two lateral wings or flaps, which were removed with the numerous vegetations which flourished on their mucous surface. The glans was then carved out from amidst the forest of excrescences which had compressed it for months, and considerably reduced its size. The pain was, it is true, intense, but the hæmorrhage was trifling, and the operation successful. The patient left us cured twelve days after it was practised.

I will not dismiss the treatment of external gonorrhœa without adverting to a plan which you will find answer to perfection in almost every case of inflammation of the mucous membranes. Observation has already shown to you, Gentlemen, that the contact of two inflamed surfaces tends to prolong the duration of disease. This general remark holds good for the prepuce, and a very rapid cure may be obtained, in simple cases, by the mere interposition of dry lint between the surfaces, assisted with the nitrate of silver wash, or even with lotions of cold water. I need not add, that if secondary symptoms coexist with external gonorrhœa, a mercurial treatment will be advisable.

As to the exhibition of anti-blenorrhagic drugs—such as cubebs, turpentine, or balsam of copaiba—it is worse than useless in balano-posthitis; it is absurd.

Urethritis—True Gonorrhœa.

Absence of the prepuce—a favorable disposition, as far as external gonorrhœa is concerned—renders, on the contrary, easier and more frequent the inflammation of the urethra.

Hypospadias I consider also as a deformity which makes its bearer more subject to gonorrhœa, from the width of the opening, through which urine and spermatic fluid are excreted. Some two years since I had in my wards a patient affected with hypospadias in front of the scrotum, who was also affected with phymosis. The fistular passage was the result of a ligature placed during infancy around the penis, to prevent unconscious emission of urine during the night. The opening had some twenty years' standing when I saw it for the first time, and the patient was affected with gonorrhœa; but the point towards which I desire particularly to direct your attention is, that the blenorrhagic discharge began in the *abnormal opening* of the urethra, and extended at a later period to the natural meatus. It is not uninteresting to observe that, during erection of the penis, the hypospadiac opening stood out in relief. This patient was operated upon subsequently by me, and the fistular passage cured by a new method, which the Institute of France has been pleased to honor with a gold medal.

The large diameter of the meatus permitting an easier introduction of leucorrhœal or irritant matter, also predisposes to gonorrhœa. Do not consider this observation, Gentlemen, as one of slight importance. It has, in my opinion, a strong practical bearing. It will explain to you why we cautiously avoid incising an apparently much too small meatus, except when the introduction of large instruments for the extraction of calculi, or the treatment of strictures, renders such an operation indispensable.

Coitus causes, during erection, the lips of the penis to open, from the lateral pressure exercised on the base of the glans, and, therefore, the predisposing influence of erection must not pass unnoticed.

Many patients conceive that when connexion has not been altogether completed, gonorrhœa is impossible. Experience shows the contrary proposition to be true, inasmuch as ejaculation, acting as a sort of injection from the mouth of the seminal ducts forwards, carries away with it irritants deposited in the urethra.

With regard to the seat of gonorrhœa, we may establish five degrees of the disease. In the first it occupies the balanic region; this is the most frequent. In the second it invades also the spongy portion of the urethra up to the bulb; with the third it extends to the membranous or muscular portion; in the fourth the prostatic region is affected; and a fifth degree may be found in the extension of the inflammation to the bladder itself.

Four spots of the urethra, when the complaint affects corresponding portions of the duct, form centres of morbid action, and give rise to particular symptoms, which permit the attentive observer to diagnose exactly the inflamed portions of the urethra. We shall enumerate—1, the fossa navicularis; 2, the bulb; 3, the prostate gland; 4, the neck of the bladder.

Premonitory Symptoms.

Increased sexual desire, and the sin of Onan, frequently announce the invasion of gonorrhœa. It is also preceded by a sense of titillation about the fossa navicularis, which Professor Richerand has not inaptly termed "a hermaphrodite sensation, partaking equally of pleasure and of pain."

The first symptoms of the disease generally show themselves after a full meal. They are a sense of heat and tension, especially during a kind of sub-erection, induced, in all probability, by the commencing inflammation, and also slight scalding in micturition. The urine appears to the patient much warmer than usual, and its excretion is accompanied with a stinging, which seems concentrated about the fossa navicularis.

This peculiar pain can be explained by the concentration of the urine; and this fact tallies with the circumstance already mentioned, that its first appearance is after a full meal. Also the natural sensibility of the urethra is modified by the disease, to such a degree that it becomes acutely sensitive to the passage of urine over its surface; and the rigidity caused by inflammation renders distension painful, so that the scalding may be ascribed to three causes—concentration of urine, modification of irritability, and inflammatory rigidity of the duct.

You will find that, in order to render the pain as slight as possible, gonorrhœal patients excrete their urine very slowly, and thus avoid at least one of the causes of this inconvenient symptom.

The tumefaction of the mucous membrane may of itself produce dysuria, a frequent companion of the inflammatory stage.

The discharge may appear spontaneously, or run only on pressure, in patients with a narrow meatus. In general the *abundance* of morbid secretion is in proportion to the length of time which has elapsed since the last excretion of urine. It is not, therefore, to be wondered at if the discharge be more copious in the morning, the repose of the night having allowed it to accumulate in the urethra.

Let us now examine the characteristic feature of the disease in the various regions of the urinary duct.

Gonorrhœa of the Balanic Region.

The glans penis is more tense, the meatus injected, its lips puffed out, and surrounded by a red areola. The balanic urethra, in a state of inflammation, is of middling hardness. This induration does not occupy one spot or one side in particular, but feels like a tight drawn, round cord, extending through the glans. The pain is limited to the balanic region, but tension of inguinal glands, and *inflammatory* abscess of the inguinal regions, accompany it oftener than the other varieties of blenorrhagia.

Gonorrhœa of the Spongy Region.

The discharge is more abundant than in the preceding form, and pressure of a more distant region is necessary to bring it out. Erection is more frequent and painful. Should there exist no cellular inflammation around the duct, the erect state of the organ is accompanied with tension and straining, but the penis remains straight; if, on the contrary, peri-urethral inflammation complicates the disorder, the urethra, coagulated, as it were, becomes incapable of yielding to the dilatations and increase of length of the cavernous bodies, the pain becomes intense in proportion with the forcible distension of the parts, and the penis is obliged to assume a curved form, whence the name of "chordee" given to this symptom, which is not to be considered in the light of a special complaint, but as a mere extension of disease to adjoining structures.

Gonorrhœa of Membranous or Muscular Regions.

The pain is here specially seated in perindo; a sense of crany extending even to the testes, difficulty and occasional impossibility of the emission of urine, without the assistance of the catheter, chordee, and the *perineal* stretching which it causes, characterise this variety of the disorder.

Gonorrhœa of Prostatic Region.

The pain is deeper, and occupies the anus and front of the rectum. Venereal appetites are sometimes increased, pollutions frequent, and erections numerous. The seminal losses, at first attended with pleasure, become, from the straining of chordee, and distension of urethra by ejaculation, even more excruciating than micturition. Lacerations in the mucous membrane cause the seminal fluid to be mixed with blood. Cramps in the scrotum, and painful, oscillating, cremasteric contractions, increase the severity of this form of gonorrhœa. Vesical tenesmus, frequent, unsuccessful, and imperious attempts to empty the bladder, clearly show the deep seat occupied by the affection.

The inflammation may extend to the bladder itself, but here ends the demesne of special pathology. Our subject is sufficiently long to warrant our leaving aside the description of diseases, interesting in themselves, but connected only in a remote manner with the subject of these lectures.

Declining Period of Gonorrhœa.

Here the discharge is the chief symptom. The pain, if not altogether removed, is remarkably diminished. The color of the running is of a clearer tint, and occasionally puts on the bright yellow color of a canary bird's tail. Erection may remain uneasy, the urethra requiring some time to resume its natural elasticity. The remaining symptoms now and then obstinately persist in a state of *statu quo*, and constitute the

"Chronic State."

A drop of muco-purulent discharge appears at the meatus every morning, and forms what the French call "suintiment," "goutte militaire," and the British writers term "gleet." Any region of the urethra may be the seat of the disease, but the prostatic most frequently. With some patients the only symptom is the agglutination of the lips of the meatus in the morning; with others a running exists of a milky, opaline hue. And here, Gentlemen, I feel it necessary to warn you of a circumstance which tends not a little to prolong the secretion. Most people, being much preoccupied and anxious in their minds from the presence of this discharge, examine themselves almost at each moment, and have no rest until repeated pressure has brought forward a drop of fluid from the urethra. Now, of itself, such pressure would be sufficient to keep up a running, which, left to its own course, might have a tendency to disappear.

Illusory signs of *stricture* are common at this period, and occasion much fear and uneasiness to the patients. The presence of thick secretion in the duct, causing temporary agglutination of the opposite walls, may divide the jet of urine, so as to give it a forked appearance, or occasion it to assume a cork-screw shape. Also the loss of tone, which the urethra must inevitably experience from chronic inflammation, does not permit the duct to rid itself, after vesical contraction has ceased, of the last drops of urine, which flow into the trousers; also pollutions, not attended by any pleasurable sensations, occur from the prolonged excitement of the prostatic region. Thus, an inattentive observer may be imposed upon by these three circumstances; but the error cannot be of long duration, if the history of the case and characters of these symptoms be properly investigated.

Complications and Accidents.

Spasmodic dysuria, from inflammation of the membranous region, is not uncommon.

Retention of urine may also arise from the momentary obliteration of the duct, caused by tumefaction of the membrane. This troublesome complication may, it is true, accompany balanic uretritis, or even other parts, but it is chiefly observed in combination with inflammation of the spongy regions, where the bulb and peno-scrotal angle easily permit the formation of an obstacle to the passage of urine. We should not omit mentioning, as a frequent cause of retention, inflammatory swelling of the prostate.

Incontinence of urine should be mentioned as a possible complication of gonorrhœa.

Hæmorrhage may, from mere sanguineous congestion, be exhaled from the membrane, but it more commonly results from rupture of chordee during erection, or coitus, or again, from that absurd habit of the lower orders in this country, in consequence of which the penis affected with chordee is placed on a solid table, and the arch it forms broken down by a smart blow on the dorsal region, thus rupturing forcibly the urethra, and procuring immoderate hæmorrhage.

Abscess from inflammation of the peri-urethral cellular structures is not by any means rare. Urethritis of the balanic region occasions abscess about the frœnum. Should gonorrhœa occupy the spongy region, the abscess will most commonly be observed in the peno-scrotal angle, and frequently, as well as the former, be followed by urinary fistula. After perforations of this kind, Wedkind believes the patients are liable to constitutional syphilis. The remark is so far founded in truth, that chancre of the urethra may, as we have shown, corrode the duct, perforate it, and invade the cutaneous surface. A fact of this kind, in which inoculation powerfully assisted the diagnosis, is at the present moment under observation in our second ward.

The abscess seated in the phrenic region, opened, perforation of the urethra was the consequence, and the opening put on a decided aspect. Inoculation was practised, and its results were negative. The sore resulting from the spontaneous ulceration of the abscess assumed almost immediately a healthy appearance, and granulations have appeared.

Another case I will draw your attention to; it is that of the last patient of our first ward. A perineal tumor, seated on the left side of the urethra, arose from the extension of gonorrhœal inflammation. The tumor softened, was incised, and, five days after incision, urine passed through the cutaneous opening of the abscess. At present, if you examine the case, you will find the tumor has invaded the right side, and extended, probably, from Cowper's left glandule to the adjacent cellular tissue.

In the membranous region, Cowper's glands appear to have a greater tendency to suppurate, and we will observe, as a singular fact, that the left glandule is oftener affected than the right, following thereby the same rule as epididymitis, which you know, Gentlemen, is more often met with on the left than the right side.

If the seat of gonorrhœa be the prostatic region, the prostate itself becomes the centre of an abscess, which frequently terminates by fistula in perineo.

Bubo in gonorrhœa is a comparatively rare accident; but that form of inflammation commonly producing it is balanic urethritis.

As to epididymitis and strictures, they are too important complications to be mentioned in a cursory manner; we shall advert to them in a lecture especially devoted to that purpose.

Abortive Treatment of Gonorrhœa.

We shall begin by laying down as an invariable rule that the abortive treatment should in every case be attempted, when the disease is not complicated by phlegmonous inflammation of the structures surrounding the urethra.

The dangers supposed to attend this treatment are imaginary. Experience has shown to us, in the clearest manner, that strictures, feared by many from the effects of this treatment, are, on the contrary, more common after discharges, which vain fears have prevented from being arrested, and that, in fact, they are to be attributed solely to the persistency of the inflammation, and not to the means employed to arrest its progress.

This treatment is applicable to all periods of gonorrhœa, when acute inflammation does not attend them. Should subacute inflammation be present, provided it be unaccompanied with pain, even though the affection may have had a long previous existence, the treatment employed as an abortive of the incipient stage may still be employed with perfect safety, and with every chance of success.

The best local remedy, and that which shall be first noticed, is injection. Far from being the cause of those accidents it has been so often accused of producing, it constitutes their best prophylaxis.

Cold water injections may occasionally be successful, but the results cannot be altogether relied upon. Bell employed sulphate of zinc. In my opinion, nitrate of silver is almost a specific in the inflammation of mucous membranes. The strength of the solution differs with practitioners. Mr. Carmichael, of Dublin, was the first to recommend strong solutions of ten, twelve, or twenty grains of nitrate of silver to the ounce of distilled water, injected morning and evening. Before my friend Mr. C. published the results of his observations on this subject, I had tried the method; but, although my cases were not so fortunate as those of Mr. C., yet I found it impossible to draw any inference unfavorable to this mode of injection, because the cases in which it was exhibited were not properly discriminated. Until the year 1841, I remained satisfied that small doses, a quarter of a grain to the ounce, were quite as efficient as larger doses.

My opinion has, however, been slightly changed in this respect. I prescribe at present *one injection* a-day, with a ten-grain solution, and this proportion seems to me more beneficial than any former injection.

But, as this little operation is one which requires some nicety in its execution, as it is one which frequently fails, merely because the patient performs it badly, I must request permission to give you some practical hints on the subject.

A glass syringe is far preferable to a metallic one, for chemical reasons easily understood. Do not, however, Gentlemen, tell your patients that your preference for glass is founded upon the decomposition of the pewter syringe by the injection; this would, no doubt, alarm many, and they would instantly refuse injecting into their urethræ such pernicious stuff. Tell them, on the contrary, that the metallic syringe decomposes the injection, and take my word for it they will be perfectly satisfied.

The instrument commonly employed contains about an ounce of fluid. This quantity should not be injected at one time; half is sufficient.

The patient should sit on the edge of a chair, and the injection be permitted to pass over the whole of the duct. Pressure is recommended by some, at two or three inches from the meatus, with a view of preventing the liquid to pass into a portion of the urethra, which they suppose to remain always healthy. Both the theoretical notion and its practical consequence are to be rejected. I have explained to you that, in many cases, gonorrhœa extends beyond the bulb, and consequently the injection should be placed, by all means, in direct contact with the inflamed part. On the other hand, should urethritis be limited to the distal orifice, the injection running over healthy mucous membrane can do it no possible injury; hence we may regard pressure as unnecessary.

For the same reason I reprobate perineal pressure made by the arm of a chair, or by a truss. The fear of the entrance of the injected fluid into the bladder I am not in the least intimidated by, as, in the first place, such entrance appears to me next to impossible; and, in the second, supposing even the injection to enter that viscus by chance, it would prove utterly harmless, being instantaneously decomposed by contact with the urine.

I conceive, on the contrary, the precautions recommended on these occasions prevent the injections from being properly made use of, by inspiring the patient with a dread of imaginary evils.

The axis of the syringe should, as much as possible, be parallel with that of the urethra, and, if at all oblique, should be inclined rather towards the inferior wall of the canal, the lacunæ of Morgani, in the balanic region, being strictly confined to the upper surface.

The index and thumb of the left hand should press the lips of the meatus against the syringe, so as to prevent the return of the liquid, while the right hand propels slowly and steadily, without violence, the liquid into the urethra, where it should be retained half a minute. Occasionally no pain follows the injection. In other cases it lasts a quarter of an hour after; in some few it remains for several hours, and sometimes appears only on the first emission of urine.

The secretion becomes sero-sanguineous, and now and then bloody, at the same time the excretion of urine is difficult; but this symptom is of short duration. We must not omit to state that, in most cases, the muco-purulent discharge increases in quantity for a certain time after the irritant injection.

You plainly perceive, Gentlemen, that all these possible consequences should be mentioned to the patients, in order they may not consider as fresh complications, induced by your treatment, what may, on the contrary, be looked upon as proof of the favorable action of the remedy.

How many injections should be employed? The object of this treatment being to substitute an artificial inflammation for the previous gonorrhœa, one injection may not suffice to accomplish this end, and a second, or even a third, may become necessary. At this period, when the symptoms enumerated above have taken place, the surgeon has created a new affection, which might, perhaps, disappear spontaneously by the suspension of the means employed to produce it, but which will be easily subdued in a shorter period, by the injection, three times a-day, of the following solution, which was first mentioned to me by my friend Mr. Evans, of London:—

Rose water, eight ounces;
Sulphate of zinc, sub-acetate of lead, of each seventeen grains.

Thus the disease is generally arrested in a time varying from two to eight days. Should the discharge return after having ceased several days, the local treatment must be begun anew, with the nitrate of silver, as before.

It has been proposed to carry a stick of nitrate of silver over the inflamed surface. This is easy enough when the disease is limited to the neighbourhood of the meatus, but, when it has a deeper seat, cauterisation with Lallemand's instrument might, it is true, be followed by good effects; but these are not sufficiently certain to warrant an operation which alarms the patient in no slight degree.

Injections alone might, I feel convinced, achieve the cure of blenorrhagia, but their efficacy is more than doubled by the internal exhibition of special anti-blenorrhagic drugs, such as

Copaiba.

The action of this medicine is threefold—1, it may influence the constitution from absorption into the system; 2, it may act as a revulsive; 3, its action may be purely local, being placed, through the agency of the urine, in direct contact with the inflamed urethra.

The first mode of action is that of all balsamic substances, which exert a divided and almost specific action on mucous membrane.

The revulsive influence of copaiba may be limited to the stomach, and manifested by sickness and vomiting, in which case it is of no advantage whatever, and its use must be abandoned.

On the intestines revulsive action is more beneficial. When purging is induced, the urethral discharge is often found to disappear; but do not rely on this apparent cure, for, the moment diarrhœa ceases, the running returns. Some persons are, on the contrary, rendered costive by the drug, and in these no revulsive action takes place. Should enteritis be excited by the excessive use of copaiba, gonorrhœa is found to persist, and even to acquire fresh vigor by it.

But the local action on the genito-urinary organs I deem to be the specific influence of copaiba. Stimulated by the balsamum, the kidneys secrete more fluid, and this is modified in its chemical properties, so as to acquire a nature highly favorable to the rapid termination of blenorrhagia. The local action of the urine, thus modified by copaiba, is so remarkable that I purpose injecting it again into the urethra after excretion, in order to obtain an increase of the benefit which already accrues to the patient from the liquid passing once over the membrane.

My conviction of the local influence of copaiba in gonorrhœa is not only founded on theory, but also on facts. I will close this lecture with the following case, which illustrates my opinion:—"The hypospadiac patient, whose history I have adverted to at the commencement of this lecture, and who presented a double discharge, one from the meatus, and the other from the fistulous opening of the urethra, was put under the influence of copaiba. The discharge from the hypospadiac opening, through which all the urine passed (not a drop coming from the meatus), was *rapidly arrested*, whereas, in the distal orifice of the urethra, the gonorrhœa *persisted*, and was cured only by subsequent injections."

CASE OF DIABETES,

SHOWING THE IMPORTANCE OF BREAD AS AN ARTICLE OF DIET.

By Charles Cowan, M.D.,

Physician to the Royal Berkshire Hospital and Reading Dispensary.

(*Read before the Reading Pathological Society, May* 9, 1843.)

The pathology and treatment of diabetes, or mellituria, are so confessedly obscure and unsatisfactory, that no apology is necessary for the publication of every thing which tends in any degree to advance our imperfect knowledge of the subject.

Case.—Simon Weller, aged thirty-one, a ploughman, residing at Shinfield, Berks, was admitted into the Royal Berkshire Hospital on February 14, 1843. He stated that fourteen weeks previously he was in his usual good health; that after sweating freely at his work, he caught cold on returning home, and has never been well since. At first he suffered from considerable lassitude, pains in his limbs, and some febrile disturbance, for which he was bled and took medicines. From these symptoms he gradually recovered, and at the end of three weeks observed, for the first time, that his urine was clear, pale, and very abundant, filling two chamber utensils or more in the course of a day and night. Before this it had been high colored, cloudy, and not unusually copious; and when in health, he states that if he drank stale beer or caught cold his water quickly threw down a yellow sediment. Has never suffered from gravel; there has been but little variation in the quantity of the urine up to the present time, and from the period of its increase he has gradually declined in flesh and strength, with sense of weariness and pains in the loins, a constantly dry skin, though naturally disposed to perspire, considerable thirst, craving appetite, clammy mouth, and epigastric heat and uneasiness. This last symptom is relieved by eating, and he prefers animal food; states that no member of his family ever had any similar symptoms. His parents are living, but a brother and sister have died of consumption. For several weeks he has been too feeble to work, and considers himself gradually getting worse.

Present State. — Countenance depressed and anxious; complexion rather pale, with circumscribed flush on either cheek; muscles flabby, and his movements slow and languid; emaciation moderate; intelligence sluggish but not deficient; eyes clear and bright; skin warm, dry, rather harsh, and without eruption; pulse soft, small, regular, 70; no cough or other pulmonary symptom; lips dry; mouth clammy; tongue coated in the centre, slightly red on edges; gums not spongy; appetite craving; thirst distressing; epigastric uneasiness, with slight pain and tenderness on pressure; abdomen soft, flat, and free from pain; bowels rather costive; urine pale, straw colored, with faint smell, and frequently passed, disturbing him at night; complains principally of achings in the loins, not increased by motion or pressure, and relieved by micturition. Ordered, a vapor-bath every evening; flannel clothing; two eggs for breakfast, with beef tea; two mutton chops, with greens or turnip tops for dinner; one egg, with beef tea for supper. Drink beef tea *ad libitum*. Bread and every other article of food strictly prohibited. A draught, containing five grains of ammonia, six minims of laudanum, in camphor mixture, was prescribed three times a-day, and half an ounce of castor oil every other morning.

16. Has sweated freely after the bath, with much relief. Has passed three pints of clear straw colored urine, rather frothy and acid. Says the quantity is less by one half.

19. Six leeches to the epigastrium, and add fifteen grains of magnesia to the draught. Complained of epigastric uneasiness and acid eructations. Drinks about three pints of beef tea day and night. A pint of his urine, evaporated, yielded about three drachms of a nearly solid tarry extract, strongly urinous in smell, and with a slight saccharine taste.

20. Three and a half pints, 10·22; feels and looks better.

24. Two and a half pints, deeper color, and clear; feels better but weaker. Omit the bath.

25. Craves much for *bread*, which was allowed instead of vegetables.

26. Two and a half pints, 10·33.

27. Three pints, 10·38, paler, with faint smell and viscous; one pint yielded thirteen drachms of a thick treacly extract. Not so well; pains in loins, increased debility, and thirst. To return to *first* diet. Add five grains of ammonia to the draught, with infusion of quassia.

28. Two pints, 10·43; feels a little better; more cheerful. Repeat the bath alternate evenings.

March 1. Two and a half pints, 10·33, opalescent, pale; improving.

2. Two pints, 10·22, clear, pale, urinous smell; thirst less urgent. Repeat the draughts with decoction of bark.

3. Three and a half pints, 10·18, paler.

4. One and a half pint, 10·22, darker color. Has taken half a pint of coffee, contrary to orders.

5. Three pints, 10·21.

6. Four pints, 10·15.

7. Two and a half pints, 10·25, not so well.

8. One and a half pint, 10·26, turbid, neutral. Symptoms all returning; says he is worse; a slight bellows murmur can be detected in the neck. Twenty drops of the muriated tincture three times a-day, with a drachm of muriatic acid in a pint of water for drink. On strictly questioning the patient, he confessed having eaten some bread the last two days, which a patient had given him.

9. Four pints, 10·20.

10. Two pints, 10·13; much better; thirst gone; mouth moist; tongue clean. To take thirty drops of the tincture; warm plaster to the loins.

11. Two pints, 10·17; improving.

12. One and three-quarter pints, 10·15. Forty drops of the tincture.

13. One and a half pint, 10·20.

14. Two pints, 10·20, strongly acid; improving.

15. Two and a half pints, 10·13; craves for bread. Continue the tincture and take two grains of quinine with each dose.

16. Two pints, 10·15; is evidently gaining flesh.

17. Two and a half pints, 10·13.

18. One and a half pint, 10·19. To have *bread* again instead of vegetables.

19. One and three quarter pints, 10·24.

20. Three pints, 10·21.

21. Two and a quarter pints, 10·37, cloudy; not so well; thirst increased; tongue coated. *To return to first diet.*

22. Two pints, 10·36; much the same.

23. Two and a quarter pints, 10·14, opalescent; tongue cleaner; feels better.

24. Two and a half pints, 10·18.

25. Two and a half pints, 10·15, improving.

27. Two and a half pints, 10·15, clear, and darker color.

29. Two and a half pints, 10·18.

30. Two pints, 10·15.

April 1. Two pints, 10·15; is cheerful and gains flesh.

3. Two pints, 10·18.

4. Three pints, 10·12.

6. Two pints, 10·18.

7. One and a half pints, 10·15, lithic acid deposits; smells like healthy urine; no complaint. A pint of urine yielded less than a drachm of a dark extractive matter, not sweet, and with a strong urinous smell. He has greatly improved in every respect; the skin is soft and natural, and every local and constitutional symptom has disappeared.

8. Discharged. Advised to continue the steel drops, to wear a large warm plaster to the loins, and to observe rigidly the same diet.

May 4. About a fortnight after leaving the hospital he felt so well that he was tempted again to eat some bread. In two days he was frightened by a return of his old symptoms, and of his own accord resumed his vegetable food. He has now evidently regained flesh and strength, considers his urine natural, and is only conscious of diminished muscular power when exerting himself.

REMARKS.

The above is an example of a rather mild though decided case of diabetes, exempt from visceral complication, not very chronic, and presenting the simple condition of saccharine urine with very slight increase in the quantity. It was, therefore, favorable for the trial of treatment.

The chief practical interest of the case arises from the effects of *bread* as an article of diet. Its use was sufficient rapidly to increase the quantity of sugar in the urine, and to re-excite the constitutional symptoms. The same results following its first substitution for vegetable food, also when the patient clandestinely obtained it, also after a second intentional trial of its effects, and subsequently the experience of the patient after leaving the hospital, seem to leave no reasonable doubt of its injurious influence, and points out the great importance of carefully ascertaining its effects before sanctioning its use. We believe that, had it not been withheld in the present instance, our treatment would have failed.

Several observers have objected to the use of bread, and a glutinous preparation is now made in London expressly for diabetic patients; but the great importance of total abstinence has not, as far as we are aware, been strongly insisted upon. By the leading writers a small quantity of bread is permitted, and by Dr. Prout is rather recommended. It is, in fact, a prevailing opinion that a mixed animal and farinaceous diet is on the whole most desirable, and that Dr. Rollo's system need not be rigidly enforced. From the preceding case, however, it is clear that much caution is requisite before admitting such an indulgence, and that the best directed treatment may be frustrated by a single dietetic imprudence.

A second fact worthy of notice is the safety and advantage of allowing the free use of the cruciferous vegetables, as first, we believe, pointed out by Dr. Babington. This is a most important point, and enables us more easily to enforce a continued employment of animal food. They are cheap, can at all times be obtained, and their natural tendency is to keep up a healthy action of the bowels.

Ammonia was also prescribed, in accordance with Dr. Babington's suggestions; but no difference resulted from the substitution of steel. There was no indication in the symptoms for more than a very sparing use of opium, which we merely administered for its sedative effects. We have, indeed, little to say about any other than the dietetic treatment, which would probably have been alone successful. The baths afforded evident relief, and at once diminished the quantity of urine.

By reference to the specific gravities, it will be seen that many slighter variations were merely expressions of change in the *quantity* secreted, and not in the quality—a distinction necessary to make.

As to the state of the patient when discharged, we do not consider him as *cured*, but merely that the morbid condition was materially controlled, if not for a time subdued, and that life might be greatly prolonged were the elements of the saccharine formation rigidly withheld. We should always be very cautious in reporting a diabetic case as cured. Out of sixteen cases, Dr. Copland says he can only recal two which seemed permanently benefitted; and Dr. Prout states, "I have *now* seen a *few* cases in which the saccharine quality of the urine has, *for a time*, entirely disappeared, and a very great number of cases in which the symptoms have been so far subdued as to give little trouble to the patient;" but he does not mention a single example of a well ascertained and permanent cure.

As respects the nature of the disease, we have nothing satisfactory to suggest. Dr. Prout's conclusion that it is nothing more or less than a form of dyspepsia, principally consisting in a difficulty of assimilating the saccharine elementary principles, though not explanatory, is perhaps amongst the most reasonable probabilities at present in our power.

The interesting experiments of M'Gregor, Bouchardat, and Percy, proving the presence of sugar in the stomach, blood, and excretions generally, are very favorable to such an hypothesis, and demonstrative of the fallacy of the opinion, so long and so generally entertained, that the kidneys were the seat of the disease. It would be almost equally unphilosophical to assert that the stomach is the viscus principally at fault, the functions of that organ being discharged with much apparent energy and vigor in the early, and often in the later stages of the complaint. The subsequent disturbance of this organ, so frequently observed, may be fairly ascribed to the nature and quantity of the ingesta.

There is no doubt some more important and more radical element, some modification of the nervous system, particularly the organic, hereditary in some and induced in others, on which the secondary changes are dependant.

The nature of this is at present unknown; but the confession of ignorance is more consistent with future discovery than assuming as an explanation what is manifestly inadequate to account for the phenomena.

It is now also considered as highly probable, if not proved, that sugar is a product of the first stage of all healthy digestion; and from the observations of Cheseldon, Prout, and others, it forms a constituent of the urine in many cases of carbuncle and malignant ulcerations of the gelatinous tissues. These facts strengthen the supposition that mellituria is dependant upon some constitutional dyscracy, and not upon mere local disturbance.

We shall not, however, pursue the question farther but collate the practical results of different observers which have been, for the most part, recorded in our periodical literature of the last few years.

To account for the differences in opinion and practice which they disclose, it may not be unprofitable briefly to allude to the leading theories which have prevailed as to the seat and nature of the disease.

Mead, Rollo, and later observers, have supposed it dependant upon increased action and secretion of the stomach, with a vitiation of the gastric fluid, and probably a too active state of the lacteal absorbents, while the kidneys and other parts of the system—as the lungs and skin—are only secondarily affected. These have principally confided in animal diet, opium, and emetics.

Willis, Sydenham, and, more recently, Drs. Latham, Prout, and others, ascribe it to a peculiar alteration of the blood produced by an imperfect action of the assimilating powers, without distinctly defining its course or seat. This view is but a modification of the preceding, and has involved in its supporters very similar principles of treatment.

The ingenious, but not always sound, Dr. Darwin fixes upon the lacteals, which, by their retrograde action, he says, throw the half-elaborated materials of nutrition too quickly upon the excreting organs, and thus originate the disease. We need scarcely remark that such an assumption is gratuitous in the highest degree, and directly at variance with the valvular structure of these vessels. A far larger class of observers, from Galen downwards, including Richter, Dupuytren, Watt, Henry, Satterly, and others, make the kidneys the seat of the disease, and their morbid condition more or less inflammatory. By these observers, bleeding, mercury, and astringents have been employed.

Dr. Marsh, and others, attribute diabetes to suppressed or disordered function of the skin, and have principally insisted upon the diaphoretic plan. A sixth, and we believe a daily increasing number, confess that they are still ignorant of any satisfactory pathology; and that, while modern researches have opened up many interesting veiws of the question, they have not yet revealed the true cause and nature of the phenomena.

This class, among whom we feel ourselves to be included, are both eclectic and empirical in their practice, more influenced by the evidence of curative success than by the plausibility of any particular hypothesis.

Another cause of the contradictory statements of authors as to the efficacy of remedial agents, very clearly pointed out by Dr. Prout, has arisen from not distinguishing between a saccharine condition of the urine, and a preternatural flood of that secretion, substances having been extolled as remedies which have only diminished the flood of urine and its consequences without altering in the least degree its saccharine condition.

These preliminary remarks will, we think, enable the reader to make a more intelligent selection from the many remedies and plans amongst which he has to grope his way.

Dr. Rollo's celebrated treatment was as follows:—

Breakfast and Supper.—A pint and a half of milk mixed with half a pint of lime water, or beef tea with toasted bread.

Dinner.—Game and old meats, and, as far as the stomach can support it, fat and rancid old meats—as pork.

Drink.—Four quarts of water, in which was dissolved a drachm of the sulphuret of potassium. For this a few drops of the hepatised ammonia was afterwards substituted. Anoint the skin with hogs' lard every morning. To wear flannel, and to use very little or no exercise. A draught at bed time of twenty-five minims of antimonial wine and laudanum, gradually increasing the dose. An issue the size of half-a-crown opposite each kidney. The bowels to be regulated by equal parts of aloes and soap. Emetics were also occasionally advised. There can be no doubt that much benefit resulted from so decided and so ably conceived a plan. The issues and the use of bread are the objectionable points.

Dr Watt, whose statements attracted great attention, advised animal diet, with repeated and copious bleedings, followed in many instances by rapid salivation and blistering. Some cases appear to have yielded to this method, and an interesting example of its effects is recorded by Dr. Barlow, of Bath. The idea was to modify the crasis of the blood.

Dr. Barlow, of London (Guy's Hospital Reports, October, 1840), in addition to animal diet, strongly advises the use of the cruciferous vegetables—as greens, broccoli, turnip tops, sea kale, water cresses, &c. Also the carbonate of ammonia, with or without opium, increased from five grains to a scruple three or four times a-day. Moderate exercise, an occasional warm bath, and rhubarb with sulphate of potass as a laxative. The usual drink was brandy and water. Dr. B.'s intention was to increase the nitrogen of the system.

Dr. Venables, on the other hand (Med. Gaz., Oct. 20, 1839), thinks there is an excess of nitrogen, and advises a mixed animal and farinaceous diet, giving the best underdone mutton and beef twice in the twenty-four hours, with milk and eggs. The drinks to be all tepid, and to consist of hotwell waters, broths, and milk. He particularly recommends the combination of morphine with ipecacuanha, also the uvæ ursi, kino, and catechu. In two cases the following pills were prescribed with benefit:—

Sulphate of potass, half a drachm;
Powder of ipecacuanha, four grains;
Acetate of morphia, two grains. Rubbed together, and added to—

Acetic extract of colchicum, fifteen grains;
Extract of uvæ ursi, two scruples. Mix. To be divided into twenty pills, and one taken every night.

The phosphate of iron, and especially the muriated tincture, also the phosphate of soda and the disulphate of quinine, are recommended by the same observer.

Dr. Bardsley, in his excellent article in the "Cyclopædia of Practical Medicine," advises bleeding in the early stage, and considers animal diet and opium the most important means. He permits a small portion of farinaceous food, and prohibits vegetables and fruits.

Dr. Alley gave animal diet and bark.

Dr. Fraser animal diet and steel.

Dr. Ferriar relates three cases arrested by the following powder four times a-day, with lime water for drink :—

Powder of bark and uvæ ursi, of each one scruple;
Opium, half a grain. Mix.

Dr. Copland speaks strongly in favor of the daily use of purgatives, and advises infusion of senna or rhubarb with gentian. He speaks favorably of sulphur as a laxative.

M. Bouchardat (Gaz. des Hop.) ascribes the disease to suppressed cutaneous action combined with a morbid state of the mucous membrane. He advises flannel over the whole surface, no bread if possible, animal diet, with ammonia and opium. Two cases much benefitted are related.

Dr. Combetti (Gaz. des Hop., Oct. 20, 1842) prescribes animal food, broths, no bread, a bottle of claret and lemonado for drink, with five grains of the iodide of iron four times a-day. This plan appeared successful in one instance.

Mr. W. Lambert, of Thirsk, Yorkshirp (Med. Gaz., Oct. 2, 1841), states that he has found the following plan very useful, and that the mercury so employed has not affected the mouth :—

Diet.—Biscuit and old milk for breakfast and supper; mutton chops with a biscuit for dinner, and chicken broth or old milk with lime water for drink. A sulphur bath alternate mornings, and from ten to twelve grains of Dover's powder, with eight to twelve of mercury, with chalk, twice or three times a-day. Cupping to the loins followed by a blister.

Dr. Parry, of Bath, prescribed successfully in one case a bleeding from the arm, followed by an ipecacuanha emetic. Animal food, with abstinence from all spirits and fermented liquors, fruits, acids, sugar, new bread, cheese, salads, giving a grain of digitalis and aloes at noon and night, and two scruples of the carbonate of potass three times a-day. A shower bath was occasionally conjoined.

Dr. Gilby has published several cases which were, he thinks, cured by nitric acid.

Nitric acid, one drachm and a half;
Barley water, half a pint;
Syrup, two ounces. Four tablespoonfuls in an equal quantity of water three times a-day.

The addition of syrup to the mixture is rather singular.

The hepatised ammonia, beginning with five drops three times a-day, with abstinence from vegetables and bread, is said to have proved successful. Two drops are added daily till nausea or giddiness are felt. A draught of opium and antimony at night, and brandy and water for drink. This plan is to be continued till the urine is turbid and the gums pale, when a gradual return to bread and vegetables.

Dr. Reece advises ratanhy with a warm bath once or twice a-week. Flannel clothing, a chiefly animal diet, and alum whey for drink.

The tincture of lytta is favorably mentioned in the "Medical Gazette," May 13, 1837, and the following form is stated to have proved serviceable :—

Tincture of lytta, two drachms;
Acetate of morphia, one grain;
Camphor mixture, eight ounces. Mix. An ounce three times a-day.

Urisburg and Morgagni also thought well of cantharides.

Dr. M'Cormac says—"I have certainly derived more advantage from vapor baths, flannel next the skin, occasional doses of Dover's powder or opium, with a liberal mixed regimen, avoiding, of course, all saccharine ingredients, than any other procedure."

In the "Lancet" for Oct. 24, 1840, three cases are related apparently arrested by the following formula :—

Tincture of sesquichloride of iron, two drachms;
Tincture of opium, one drachm and a half;
Disulphate of quinine, eight grains;
Water, six ounces. Mix. A sixth part three times a-day.

The combination is worth trying.

Mr. E. Howard, of Rotherfield, (Med. Gaz., Nov. 13, 1840) succeeded in a well marked, but not very chronic case, by animal food and one of the following pills three times a-day :—

Sulphate of iron and sulphate of zinc, of each one drachm;
Extract of camomile, two scruples. Mix. Make into thirty pills.

In two months, he says, no trace of the disease remained.

Dr. Baillie's chief dependance was upon laudanum combined with some bitter—as infusion of rhubarb or calumba. The quantity of laudanum he proposed was fifty drops during the day. Bleeding, both local and general, was often, he thinks, useful, as the blood-vessels of the kidneys are more or less distended. The diet should be temperate, and consist chiefly of animal food; the best drink on the whole is Bristol water.

Sydenham says—"Let the patient eat food of easy digestion—such as veal, mutton, and the like—and abstain from all sorts of fruit and garden stuff, and at his meals drink Spanish wine." This illustrious observer also advised opium, and did, in short, what we are still obliged to do, and thus proving how slowly we progress.

Dr. Berndt (Brit. and For. Med. Rev., July, 1836) concludes as follows :—

1. Emetics are excellent palliatives.
2. Opium diminishes hunger, thirst, and urine.
3. Ammoniated copper checks the formation of sugar, and acts favorably upon the nerves of the stomach. It may be given in large doses, as from ten to sixteen grains daily.
4. A meat diet is the best. The other remedies are useless.

5. Creosote improves the urine and diminishes its quantity.

Dr. Marsh (Dub. Hosp. Rep., vol. iv, p. 432) observes "that in many of the cases whose histories are recorded, the earliest disturbance in the general health could be distinctly traced to some cause acting on the skin; that every case is accompanied with a peculiarly morbid condition of the skin; that none of the remedies produced the slightest benefit till the skin began to relax and a sweat to appear on the surface."

Lastly, an interesting and elaborate case of diabetes is now publishing in the "Medical Gazette," by Dr. Percy, of Birmingham, accompanied with very accurate details and experiments. It is well worthy of attentive perusal.

After reflecting upon the preceding case, and upon the experience of different observers in the treatment of this obscure and formidable affection, we would recommend the following plan to be pursued:—

A diet of animal food, with eggs, beef tea, and the cruciferous vegetables, all farinaceous and other articles to be strictly prohibited. The drink to consist of beef tea, lime water, diluted mineral acids, distilled water, alum whey, or very weak brandy and water, as might be indicated; all to be taken tepid, and the patient recommended to restrain himself in quantity. Flannel clothing on the whole surface. Very moderate exercise. The regular use of vapor baths, in proportion to the patient's strength, and the state of the skin, followed by inunctions with oil or lard; stimulating terebinthinate embrocations to the loins; opium in proportion to the diuresis and irritability; ammonia and magnesia in the early stages, and afterwards the free use of mineral and vegetable tonics and astringents. In the early and acute stage, one or two bleedings from the arm might be premised, and in many cases it is probable that occasional local depletion to the loins and epigastrium would be desirable. The specific gravity, quantity, and other qualities of the urine should be very frequently, if not daily, ascertained. The effects of farinaceous food upon the local and general symptoms should also be occasionally tested.

STATISTICAL REPORT
OF
190 CASES OF INSANITY
ADMITTED INTO
THE RETREAT, NEAR LEEDS,
During Ten Years, from 1830 *to* 1840.

By Samuel Hare, Esq.

(Continued from p. 213.)

III.—CAUSES OF INSANITY.

Even with the greatest care, this is a matter in which it is extremely difficult, in many cases, to arrive at an accurate conclusion; the difficulty is much increased when the patients come from a distance, so that written communications only can be obtained from their friends, for under such circumstances many causes are omitted, which by verbal questioning might be elicited. Again, in other instances, causes obviously incorrect are assigned, a common error being to allege as a cause that which in reality was the commencement or an effect of the disease; thus, in one case the "supposed dishonesty of servants," was put down as a predisposing cause of insanity, while in reality this was only one of the early hallucinations under which the patient labored. In comparatively few instances were *predisposing causes* assigned, excepting when these consisted in hereditary predisposition, a subject which has been already mentioned; and as in several of the remaining cases, those given could not, for the reason stated above, be dependsd on, I have thought it better, as the list must necessarily have been imperfect, not to give the predisposing causes at all, and have, therefore, confined myself to the exciting ones, which will be found in the accompanying Table, No. XI.

They are here divided into the two classes of physical and moral, the larger number being included in the latter division, since it contains 62·5 per cent. of the cases where the causes were known, while only 37.5 per cent. of them are included in the former division. Among the males, the moral causes were more productive of insanity than the physical ones, in the proportion of 41 to 27 cases, or 60·29 to 39·71 per cent.; the same observation is applicable to the females, but with still more force as regards the moral causes, which in them seem oftener to produce insanity than amongst the males, while the physical causes of insanity are of course proportionately less common; thus, out of the 52 females in whom the causes could be ascertained, the moral to the physical were as 34 to 18, or as 65·38 to 34·62 per cent. Looking at the subject in another point of view—of the 75 cases excited by moral causes, 41, or 54·66 per cent., were males, and 34, or 45·34 per cent., were females; and of the 45 produced by physical causes, 27, or 60 per cent., were males, only 18, or 40 per cent., being females.

Amongst the physical causes, intemperance holds by far the most prominent place, insanity being ascribed to it in no less than 15 cases, out of which 13 were of the male and 2 of the female sex; it was a cause, then, of 12·5 per cent. of the whole of the cases whose causes were ascertained, and, if the males alone be considered, to the extent of somewhat more than 19 per cent (13 cases out of 68). Four cases were ascribed to falls on the head, accidents, &c., to which males are obviously more liable than females. In 4 males insanity followed attacks of fever, to the effects of which it was ascribed; cerebral disease and epileptic fits each produced 2 cases, while inflammation of the brain and paralysis were each said to have caused 1. Some cases arose from causes peculiar to females, such as the 3 puerperal ones, and the 4 from change of life and suppressed menstruation. Of the cases, amounting to 75, induced by moral causes, anxiety on pecuniary affairs, on commerce, or on property, seems to have been the most fertile source; it numbered no less than 17 cases, all of which, with one exception, were among males. Anxiety from other causes and jealousy, as far at least as they are causes of insanity, seem confined to the female sex, while females, too, are oftener affected by grief and contrarieties in domestic affairs.

Hopes and fears on the subject of religion were stated as exciting causes in 14 persons, the *proportion* being rather greater amongst the females than the males. Of these, 6 belonged to the Established Church, 5 were Methodists, and 1 each to the Baptists, Calvinists, and Society of Friends; amongst these, however, whose insanity is ascribed to religion, it is proper to state that 4 had relatives who were insane, and of 1 of them this was the case as respects both the father and mother, while another had manifested some peculiarity of manner during the whole of her life. In 3 instances excessive study was the ascribed cause.

Table XI.

Showing the Exciting Causes of Insanity, as assigned by the Relatives of the Patients.

Physical Causes.	M.	F.	T.	Moral Causes.	M.	F.	T.
Intemperance	13	2	15	Excitement of various kinds—marriage, elections, &c.	3	1	4
Do. and prosperity . .	1		1	Prosperity	1	1	2
Inflammation of the brain .		1	1	Anxiety on money affairs, commerce, or property .	16	1	17
Cerebral disease	1	1	2	Anxiety from other causes .		5	5
Paralysis		1	1	Domestic affairs	3	5	8
Epileptic fits	1	1	2	Private cause		1	1
Delirium tremens	1		1	Disappointment	1		1
Fever, effects of	4		4	Jealousy		3	3
Illness Do.	1	1	2	Grief—from death of friends chiefly	4	7	11
Do. and disappointment	1		1	Fear		1	1
Weakness		1	1	Fear of results from lues .	2		2
Watchfulness and weaning a child		1	1	Religion—hope and fears connected therewith .	7	7	14
Disordered digestive organs.		2	2	Do. Improper excitement on during inflam. of the brain		1	1
Change of life		2	2	Do. with losses in business .	1		1
Suppressed menstruation .		2	2	Excessive study	2	1	3
Puerperal affections . . .		3	3	Solitary state	1		1
Accidents, falls, &c. . . .	4			Total moral causes . . .	41	34	75
	27	18	45	Total physical causes . .	27	18	45
				Total exciting causes known	68	52	120
				Causes 'not any' or 'not known'	8	9	17
				Causes not stated	17	12	29
				Grand total	93	73	166

IV.—THE VARIOUS FORMS OF INSANITY UNDER WHICH THE PATIENTS SUFFERED ON THEIR FIRST ADMISSION.

In the Retreat, as in almost all other institutions for the reception of the insane, far more both of the males and of the females were affected with mania than with any of the other forms of mental derangement (Table XII). Of the 166 patients, 75, or 45·18 per cent., were admitted with mania, more than 16 per cent. were cases of monomania, 10·24 per cent. of melancholia, and about 6 per cent. labored under moral insanity; while 22 per cent. were affected with various degrees of dementia, of which 1 in 4, or 5·42 per cent., of the *whole* were in a state of fatuity. The relative proportions, though not the absolute numbers, of the two sexes laboring under mania and monomania will be found to be remarkably similar, and, indeed, as regards monomania, they may be said to be identical; melancholia occurred more than twice as often among females as among the males, and the disproportion was still more marked in the cases of moral insanity, for while only about 2 per cent. (2·15) of the males were attacked with it, nearly 11 per cent. of the females suffered under that form of the disease. The relative number of cases of fatuity was the same in the two sexes; but in the other forms of dementia (incoherence and imbecility, especially the latter) the males predominated considerably. Four cases (2 males and 2 females) were well-marked instances of what is termed religious monomania, while there were 5 cases of religious melancholia, the whole of which occurred in females; 4 of the above belonged to the Established Church, 2 were Independents, 1 a Methodist, another a Roman Catholic, while, previous to her insanity, another had not professed "any religion in particular."

TABLE XII.

Showing the different Forms of Insanity on the First Admission of the Patients.

Forms of Insanity.	Actual Numbers.			Per Centage.		
	M.	F.	T.	M.	F.	T.
Mania	43	32	75	46·23	43·83	45·18
Monomania	15	12	27	16·12	16·43	16·26
Moral Insanity	2	8	10	2·15	10·95	6·02
Melancholia	6	11	17	6·45	15·06	10·24
Incoherence	8	4	12	8·60	5·48	7·23
Imbecility	14	2	16	15·05	2·75	9·64
Fatuity	5	4	9	5·37	5·48	5·42
Total	93	73	166	100·00	100·00	100·00

Suicide.—All the cases in which suicide had been attempted or threatened, could not properly be arranged under the heads of either suicidal monomania or melancholia; a large proportion, however, of both sexes had either a predisposition to or had actually attempted self-destruction previous to admission: no information on this subject (Table XIII) was obtained in 14 cases; of the remainder, 29 males and 32 females—*i. e.*, 2 cases out of every 5, had a predisposition to or had attempted suicide; in the attempts, various means had been adopted—laudanum, drowning, edged instruments, and suspension, but the last was that which had been most frequently resorted to.

TABLE XIII.

Showing the Number of Cases in which there did, and in which there did not, exist a Suicidal Propensity.

	M.	F.	T.
Predisposition to, or had attempted suicide	29	32	61
No predisposition to suicide	52	39	91
Total	81	71	152
Not stated	12	2	14
Grand total	93	73	166

V.—ON THE DURATION OF RESIDENCE.

It must be obvious that, while a period of ten years is insufficient to give what would ultimately be a correct average either of the general duration of residence, or the number of deaths of patients in this or in any other establishment, yet, from the numbers admitted, a result approximating to the truth may be obtained as regards the recoveries. Many patients, whose disease is incurable, remain of course to the end of their lives in a Retreat, and as the period of residence may thus extend to ten, twenty, or more years, a far higher average will be obtained than can possibly be the result of an establishment during the first ten years of its existence. The average duration of residence of the whole number of admissions (190) was nearly eight months, but of those who had been discharged it amounted in the average of the two sexes, taken together, to not quite five months. The average period of residence of the males remaining in the Retreat was two years four and a half months; of the females, three years seven and a half months; and of the two sexes together, nearly two years ten and a half months—34·38 months. The average period when the discharge took place of those whose recovery was complete, amounted to less than four and a half months; of those whose recovery had taken place, who to their friends appeared well, but of the permanency of whose cure I was not so well satisfied (and which class I have, therefore, thought it right to arrange separately under the head of "recovery not confirmed"), the period was about five and a half months; while those who were discharged "relieved," remained on the average six and a half months. The mean time occupied in effecting recovery has just been stated at a little less than four and a half months, nevertheless a much larger number recovered at or before the end of the first three months (Table XV) than during any other similar period; for of the whole number of recoveries (74 + 9 = 83) 59·03 per cent. took place at or before the expiration of the three months; 30·12 per cent. between three and six months after admission; and but 8·43 per cent. between the sixth and ninth months, while after this period only two recovered, one at the end of a year and eight months, the other after a period of three years. The former of these cases afterwards relapsed; the latter remained well when last heard of, a few weeks ago, a period of four and and a half years after she left the Retreat.

Most of the cases which were "not relieved" were incurable ones, though this was by no means the case with all of them, some being removed before an opportunity of relieving them had been afforded; indeed, the *average* residence of those discharged "not relieved," was less than that found necessary (on the average also) to procure recovery. When death occurred, it was after a mean residence of three months—a period which may appear short, but, as has been before remarked, ten years is too short a time to give an exact average of the period when death usually takes place after the admission of patients into an asylum. The causes of deaths will be fully entered into in the section relating to that subject.

TABLE XIV.

Showing the Average Duration of Residence of the Patients who recovered, died, remained in the Retreat, &c., with the Average Residence of the whole Number of Patients; distinguishing the Sexes.

	Residence in Months.		
	M.	F.	T.
Recovered (complete). . .	3·47	5·65	4·42
Do. recovery not confirmed	6	5·35	5·44
Relieved	4·13	9·14	6·52
Not Relieved	3·20	6·33	4·37
Died	4	0·83	3·09
Average Residence of those who had left the Retreat	3·69	6·27	4·83
Remaining June 30, 1840 .	28·63	43·42	34·38
Average Residence of the whole Number of the Patients	6·26	9·42	7·64

VI.—OF THE RECOVERIES.

There are several views under which we should examine the number and proportion of recoveries—viz., as regards their aggregate numbers and proportions, the mode in which they are influenced by the form of insanity and its duration, and by the age and sex of the patients.

A.—Of the 172 patients who had left the Retreat, 74 were discharged recovered. This is in the proportion of 43·02 per cent.; but if, as may properly be done, the 9 who recovered, but whose recovery did not appear confirmed before they were removed by their friends, be included, the number of those who were cured will amount to 83, and the centesimal proportion to 48·25; those relieved amounted to 44, or 25·58 per cent., while those who left unrelieved were 24 in number, or rather less than 14 per cent. But of these two last classes, some of those who were relieved would, in all probability, have recovered had they remained longer in the Retreat, while the condition of several of those who were not relieved might certainly, by a longer residence, have been ameliorated; for, as already stated, this last class of patients was, on the average, removed in a less period of time than was occupied in the cure of those who recovered.

TABLE XV.

Showing the Number of Cases discharged, remaining in the Retreat, and the Total Number admitted, with the Result of Treatment in the whole of the Cases discharged; these being arranged so as to show the Period after admission when Recovery, &c., took place.

Duration of Residence.	Discharged.																		Remaining, June 30, 1840.			Grand Total.		
	Recovered.						Relieved.			Not Relieved.			Died.			Total.								
	Recovery complete.			Recovery not confirmed																				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
3 Months or less . . .	27	17	44		5	5	15	5	20	10	5	15	10	6	16	62	38	100	2	3	5	64	41	105
From 3 to 6 Months .	13	9	22	1	2	3	4	7	11	5	1	6	2		2	25	19	44	2		2	27	19	46
6 — 9	2	4	6				2	4	6		2	2				4	10	14				4	10	14
9 — 12							1	2	3				1		1	2	2	4	1		1	3	2	5
1 — 2 Years . .		1	1		1	1	1	2	3		1	1	2		2	3	5	8	2		2	5	5	10
2 — 3		1	1														1	1	1		1	1	1	2
3 — 5								1	1								1	1		2	2		3	3
5 — 10																			3	2	5	3	2	5
Total . .	42	32	74	1	8	9	23	21	44	15	9	24	15	6	21	96	76	172	11	7	18	107	83	190

B.—*Influence of the Form of Insanity.*—Not a single recovery occurred out of the 23 patients (14 + 9) who had entered either in a state of imbecility or fatuity, and only 3 of them were even relieved. The proportion of cases of moral insanity was greater than is usually met with, and they were also more amenable to treatment than I had expected to find them, no less than six out of eight having recovered, the appropriate moral and medical treatment of a well-regulated asylum seeming, in several of the instances, soon to produce a marked change in the disorder. In one of these cases, however, I did not venture to consider the patient as recovered until after a lapse of three years, since which period it is satisfactory to know that she has kept quite well. The other results arising from the influence of the form of insanity will be seen by referring to the following Tables, XVI and XVII.*

TABLE XVI.

Exhibiting the Influence of the different Forms of Insanity upon the Recoveries, &c.

Disease, Forms of	Discharged.																		Remaining, June 30, 1840.			Grand Total.		
	Recovered.						Relieved.			Not Relieved			Died.			Total.								
	Recovery complete.			Recovery not confirmed.																				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Mania	22	18	40		4	4	17	11	28	5	4	9	5	1	6	49	38	87	5	2	7	54	40	94
Monomania	9	3	12	1	3	4	2	3	5	2	1	3		1	1	14	11	25	1	2	3	15	13	28
Moral Insanity . . .	1	5	6					1	1		1	1				1	7	8	1	1	2	2	8	10
Melancholia	4	4	8				2	5	7		2	2	1		1	7	11	18		1	1	7	12	19
Incoherence	6	2	8		1	1							2		2	8	3	11	2	1	3	10	4	14
Imbecility							1	1	2	7	1	8	4		4	12	2	14	2		2	14	2	16
Fatuity							1		1	1		1	3	4	7	5	4	9				5	4	9
Total . .	42	32	74	1	8	9	23	21	44	15	9	24	15	6	21	96	76	172	11	7	18	107	83	190

TABLE XVII.

Exhibiting the Duration of Residence in the Cases which were discharged Recovered, *distinguishing the Sex of the Patients, and the Variety of Insanity with which they were affected.*

Duration of Residence.	Mania.			Monomania.			Moral Insanity.			Melancholia.			Incoherence.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
3 Months or less . . .	14	11	25	6	1	7	1	3	4	2	2	4	4		4	27	17	44
From 3 to 6 Months .	8	6	14	1	2	3				2	1	3	2		2	13	9	22
6 — 9		1	1	2		2		1	1					2	2	2	4	6
1 — 2 Years . .											1	1					1	1
2 — 3								1	1								1	1
Total . .	22	18	40	9	3	12	1	5	6	4	4	8	6	2	8	42	32	74

[*To be continued.*]

* It may, however, be remarked that mania appears to have been the form of insanity from which restoration to health was most speedily effected, as only a single case out of the 40 recoveries was protracted beyond the period of six months, and the cure in that case took place before the expiration of a year from admission. The two cases alluded to as having been cured after the lapse of thirty-six and twenty months respectively, were, one of moral insanity (as has been already mentioned), and the other of melancholia.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JUNE 17, 1843.

Amongst the many and interesting features presented in the great question of medical reform, there does not exist one of greater importance than that which relates to the manner and extent of education of those who may hereafter become candidates for admission into the profession. Few subjects of equal value have engrossed so large a share of attention, and yet but little has been effected towards the completion of an end involving so much interest. True,

> "—— The present tale has oft been told,
> And is not much improved by growing old."

But the absence of improvement has arisen out of the want of accordance of the different ranks of the profession in the several plans which have been hitherto proposed, all of which have varied accordingly as their authors have been influenced by their present positions of consulting or general practitioners.

With the question of medical apprenticeship, of short or long duration, we shall not now engage; it is a subject which has so often formed an insurmountable barrier to the further pursuit of the question of medical education, that we shall beg to lay aside its consideration in order to glance very briefly at certain other periods of the student's career, the comparative value of the different forms of preliminary education, and the influence they may exert upon the subsequent attainment of medical knowledge and professional rank. There can exist no doubt of the propriety, nay, of the indispensable necessity for the acquirement of an extended and classical education; without it the medical student may become the medical practitioner, but he cannot become that which the medical practitioner ought to be. A high standard of preliminary education is most essential, but it is a very unimportant matter where such knowledge is obtained; the opportunities for acquiring a liberal education are not limited to the atmospheres of Cambridge or of Oxford, but may be found as ample and as excellent in less favored seats of learning.

So also with the more strictly medical part of the student's education. Organised as the majority of the provincial medical schools now are, he may in many of those institutions acquire as complete an acquaintance with the details of his profession as in the metropolitan establishments. One more important feature (if the digression be allowed us) we would briefly advert to, more especially as it still exists, and does not yet appear to have been placed in the long list of errors, to be removed by the now rapid advances of medical reform. We refer to private schools and private lecture. Formerly there existed scarcely one good hospital school in London which had not in its immediate neighbourhood a private establishment destined to attract by the supposititious advantages of private instruction the unwary, or to allure by the reduced scale of prices the less affluent. The establishment of the provincial schools, whilst they have diminished to a considerable extent the number of pupils entering to those attached to the metropolitan hospitals, have completely annihilated the greater number of the private institutions. Of the large number existing but eight years ago, two or three are alone left to linger out their limited term of existence. Nor can it be a subject for regret that changes such as these should have occurred. The opportunities of those who enter to private schools are necessarily limited, the important ingredient in their education—clinical instruction—is wanting, and being obliged to attend the medical and surgical practice of a hospital to which their lecturers are not medical officers, the theory of the lecture-room is often opposed to the practice of the bed side, and thus on the one hand does the student become impressed with the idea of the uncertain condition of medical knowledge, and on the other with the empirical practice of its disciples. He ceases to regard his allotted studies in the light of a science, and the desire to attain an acquaintance with his profession is limited to the quantum which may subsequently enable him to pass his examinations. Granting, indeed, that the same amount of instruction could be afforded in a private school, it must be admitted by all who have had any experience in them, that the course of instruction is constantly interrupted, and certificates which equally suit the convenience of the lecturer, and the inclination of the student, are given at the end of the session testifying to the regular attendance on lectures.

If private schools are open to all these and many more objections, so is the still existing class of private lecturers most undesirable. Gentlemen styling themselves lecturers on medicine, materia medica, and midwifery, are to be found in many parts of the metropolis, and who for the sake of maintaining the dignity they once enjoyed in the private establishments, continue to advertise, and perhaps occasionally deliver, lectures in their own dining-rooms to a most limited auditory.

In some instances (and those not rare) the lectures are, in fact, not delivered at all; but, nevertheless, the pupil may procure the accustomed certificate, which he can then successfully employ at the College of Surgeons and Apothecaries' Hall. Thus can a moderately ingenious candidate for admission into the profession spend his time as may best accord with his inclination, and when the period for examination arrives, a few morning calls upon his *teachers* will place in his hands the schedules most satisfactorily filled up with signatures, and the little blank interspaces, left for a note on the manner in which he has availed himself of the opportunities before him, occupied by the words "diligently," "regularly," "attentively," &c.

The authorities, whether disposed or not to inquire into the truth of such testimonials, can scarcely do so, and however suspiciously they may regard the names of the individuals appended to them, yet have they no power to reject them. The evils attending such practices are infinitely greater than those which we have pointed out, and it must be a matter for regret that the system of certifying still in use, has not been so modified as to fulfil the intentions with which it was adopted. No certificate should be received from a lecturer, unless it can be shown that he is in immediate connection with a hospital or other necessary institution, which may offer the means of giving practical instruction, and at the same time affording a guarantee that the business of the lecture-room is efficiently conducted, that certificates are given in those cases only in which they are really deserved, and not, as under the present system they too frequently are, as things to be bought and sold.

We have, perhaps, indulged too far in that what we intended at the beginning of these remarks to have been but a short digression, and as our space is somewhat limited, we must defer the farther consideration of certain other points in the education of the medical student for the present.

REVIEWS.

Lectures on the Eruptive Fevers: delivered at St. Thomas's Hospital, in January, 1843. By George Gregory, M.D., Physician to the Small-Pox Hospital, &c.

The views and opinions of no other modern writer on the history of the interesting class of diseases treated of in the volume before us are entitled to more respect or attention than those of Dr. Gregory. The author has made the study of this branch of pathology peculiarly his own, and the facilities afforded to him at the Small-Pox Hospital, with which he has been officially connected for the last twenty years, has enabled him to reduce the history of variola especially, and the relative merits of vaccination as a prophylactic of that disease, to a more precise form than had hitherto prevailed. Although the most important part of the present volume has been already published in another work, still we think Dr. Gregory has done good service to the junior members of the profession in grouping the different eruptive fevers into one class, and publishing them in a distinct volume. The "Lectures" are published, as they were delivered, in an easy conversational style, that being the form in which they were most likely to attract the attention of students and pupils, for whose use they are chiefly intended; but however well adapted the conversational form may be to the lecture-room, it certainly does not suit the closet, as Dr. G. himself justly remarks, so well as the gravity of a didactic style. It gives a superficial character to the subject-matter, which, in the present instance, however, exists more in appearance than in reality.

Dr. Gregory's volume contains twelve lectures descriptive of the history and treatment of the different eruptive fevers; but the third, fourth, and fifth lectures, in which the important and interesting subject of small-pox is treated of at length, are by far the best and most valuable in the work. We should direct the attention of the reader, especially, to the fourth chapter, which treats of the "Statistics and Pathology of Small-Pox." It contains much valuable information—the more valuable because it is reduced by the numerical system to as precise and definite a form as that improved method of modern research can effect. The seventh and eighth lectures are occupied with the history, &c. of scarlet fever, and are well worthy of perusal. The tenth and eleventh lectures treat of the "History, Practice, and Results of Vaccination," and are extremely interesting. We could have wished that Dr. Gregory had appended to this chapter some instructions as to the best method of preserving the vaccine virus, and of charging the lancet with it so as to ensure success in the operation. A few practical hints, briefly told, from such an authority, would be extremely useful; and we have no doubt that the cause of failure in many cases depends solely on a want of proper information on this point. The author, no doubt, thought it superfluous to lay down rules on so simple a matter, especially as every tyro in the profession is supposed to be familiar with all its practical bearings, but this is not the case; and we again repeat that failure in producing the eruption arises in numerous instances from the cause above described.

Space will not admit of entering further into the merits of Dr. Gregory's volume; but we can safely recommend it to the attention of our readers.

ACADEMY OF SCIENCES, PARIS.

June 5, 1843.

TREATMENT OF PHTHISIS.

M. Pereira, of Bordeaux, sent a memoir on the treatment of pulmonary consumption. The author affirms that he has arrived at results which leave no doubt whatever on the possibility of curing phthisis, even when arrived at a stage in which the diagnosis is quite certain. The method employed is founded on the analogy between tubercles of the lungs and of other organs, and consists in the use of cod liver oil and tonics. Of 9,000 patients received into the author's wards at the Bordeaux Hospital since 1838, 362 were phthisical; and of these 110 died; 213 were discharged; one half of the latter, at least, were in a satisfactory state.

ACADEMY OF MEDICINE, PARIS.

May 31, 1843.

EFFECTS OF MENSTRUATION ON THE SECRETION OF MILK.

M. Raciborski read a memoir on this subject. His conclusions were drawn from seven cases of women who continued to menstruate during the whole or greater part of the period of suckling; they are—

1. That, contrary to the generally received opinion, the milk of nurses who menstruate during the period of suckling does not differ in any appreciable manner from that of nurses who do not menstruate.

2. The only difference, worth noting, is that it contains less cream—a fact on which the blueish color of the milk from some women depends.

3. That the inconveniences of allowing a woman to nurse during menstruation has been greatly exaggerated, and that a nurse should never be rejected on this account alone.

TREATMENT OF SCARLATINA MALIGNA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—If the following cases of scarlatina maligna are sufficiently interesting for your useful and interesting Journal, by the insertion of them you will oblige

Your most obedient humble servant,
George Weekes.

Hurstperpoint, Sussex,
June 3, 1843.

I have lately attended here a poor woman and her seven children, affected with the malignant form of scarlet fever, which has been very fatal in the neighbouring towns. The disease was characterised by high fever and inflammatory enlargement of the throat and tonsils, with deep and large ulcerations; the tongue brown and dry, with red edges and papillæ elevated; the skin affected with a very bright red eruption, distributed in irregular patches, and not very diffused; the pulse very frequent, and with every symptom of severe disease. At the commencement of the attack I ordered an emetic, composed of ipecacuanha, ammonia, and ginger, with a few grains of Dover's powder; this being succeeded by a mild aperient of rhubarb, with or without two or three grains of mercury with chalk; a strong liniment composed of equal parts of soap liniment, camphor liniment, spirits of turpentine, and tincture of cantharides, was freely rubbed behind the ears and neck; a gargle of infusion of roses, with hydrochloric acid and capsicum, was freely used; a mixture composed of ammonia, infusion of roses, capsicum, and compound æther, was taken in doses, proportionate to the age, every two or three hours. A teaspoonful of port wine in gruel was given every hour, together with a little broth, strong with pepper, once or twice a-day; the skin was sponged with vinegar and water, and the air kept as pure as possible: this treatment was successful. Two out of the eight, and the first attacked, under antiphlogistic treatment died in forty-eight hours; the other six, similarly affected and treated as above, recovered. I have had several cases since, and have been fortunate enough to save them; extensive desquamation of the cuticle succeeded, together with more or less dropsical effusions, relieved by bitartrate of potassæ and jalap combined.

ANTIDOTE FOR THE BICHLORIDE OF MERCURY.

M. Orfila, having lately performed a series of experiments, with a view to determine the value of protosulphuret of iron as an antidote for corrosive sublimate, has published, in the "Journal de Chimie Médicale," the results at which he has arrived.

1. That the protosulphuret of iron completely destroys the poisonous properties of corrosive sublimate, if administered in sufficient quantity *immediately after* the ingestion of the poison.

2. That, like the other most approved antidotes for this poison, it is inefficacious, unless given within about ten or fifteen minutes, by which time the deleterious action of the poison is generally sufficiently powerful to cause death.

3. That, although the sulphuret decomposes the corrosive sublimate more powerfully and completely than *albumen*, and, therefore, ought to be preferred in all cases where it can be administered *immediately*, or in *a very short time*, after the poison; yet it will almost always be found that *albumen* may be more advantageously resorted to than the sulphuret of iron, in consequence of the latter being kept only by the pharmaceutists, and much time being, therefore, lost before it can be administered, while white of egg mixed with water, which is everywhere to be obtained, may be given without delay.

GOUTY DEGENERATION OF THE SPINAL CORD.

Dr. Graves describes this affection in his late "System of Clinical Medicine."

This form of disease has not hitherto been distinctly described. "The deductions," writes Dr. G., "which are drawn from my cases must, of course, be subject to such modifications as may be derived from future experience, and must remain to be confirmed by future observations. It has been long known that gout may attack the brain, and the existence of gouty paraplegia is well known by practitioners who have studied attentively the progress of arthritic affections. I have already stated that gouty affections of the brain have long been known, and I am not sure that some of the older authors may not have alluded to gouty affections of the spinal marrow; but, as our knowledge of the peculiar state of the brain and spinal cord, termed *ramolissement*, is comparatively recent, and not dating earlier than the works of Abercrombie, Rostan, and other modern authors, it is obvious that any observations made by the older writers, concerning gouty affections of the nervous centres, can have no distinct reference to this lesion."

TEST FOR IODINE IN MINERAL WATERS.

M. Boujean, of Chamberg, affirms that nitric acid is the most effective test for iodine, when contained in a mineral water. It is twenty times as delicate as chlorine. With the aid of nitric acid, M. Boujean discovered iodine in the sulphur springs of Chevillard, near Aix, in which its existence was not discoverable by any other means, and also in aqueous solutions of sponge, lichen islandicus, fucus, &c., after having cleared the solution by means of charcoal.

RETROSPECT OF THE MEDICAL SCIENCES.

ON THE EMPLOYMENT OF METALLIC SILVER AS A TEST FOR CORROSIVE SUBLIMATE.

Dr. Frampton has described a new test for the bichloride of mercury, which will probably prove one of the most valuable within the reach of the toxicologist.

Dr. F. thus writes, "Two years since, reflecting on the strong affinity of metallic silver both for metallic mercury and for chlorine, I triturated a grain of corrosive sublimate with several grains of pure metallic silver in powder, as it is procured by precipitation with copper from a solution of the nitrate, and in a dry state; and I was soon encouraged by the blackened appearance of the mixture to believe that decomposition of the bichloride had taken place in some degree at least; and that this decomposition was complete became evident when, upon placing the powder in the bulb of a small tube (such as is used in reducing arsenic), I obtained a distinct ring of metallic mercurial globules in the neck of the tube. Since that time, in obtaining metallic mercury from corrosive sublimate, I have always used silver, which I have not known to fail in producing its reduction, and have found much more convenient and manageable than the potassa fusa, commonly employed; this last not being easily pulverised, and attracting moisture to an inconvenient extent very rapidly. This objection, however, scarcely applies to the use of the bicarbonate of soda or potass.

I have subsequently endeavoured to ascertain whether metallic silver possessed the same power, and to what extent, over corrosive sublimate in solution; and in successive trials I have been able to obtain distinct, nay abundant, metallic globules from the amalgam formed by boiling metallic silver in a solution containing one grain of corrosive sublimate in four ounces of distilled water, and even in a solution of half that strength—*i. e.*, of one grain to eight ounces. My time does not allow me to make numerous comparative experiments, but I am disposed to believe that silver acts slowly, or not at all, on solutions of corrosive sublimate at the ordinary temperature.

I next tried this method of experimenting on organic mixtures; and having added one grain of corrosive sublimate to four ounces of tea, made with sugar and milk, I boiled the liquor with the powdered silver, and after allowing time for subsidence, the fluid was poured off. Liquor potassæ was boiled for some time upon the metal, to dissolve organic matter, and liquor ammoniæ afterwards added to the sediment, in order to dissolve the chloride of silver. This was also poured off, and the sediment having been washed and thoroughly dried, was placed in a tube as before, and metallic mercury obtained in abundance.

Two other experiments have also given very satisfactory results, in one of which one grain of corrosive sublimate, dissolved in a little distilled water, was mixed with a gelatinous fluid, made by diffusing one drachm by weight of the patent gelatine of the shops in four ounces of New River water. In the other, one grain of the same substance in powder was added to five ounces of a sanguineous fluid, which had been obtained five days previously, by tapping, from the head of a hydrocephalous infant. The only modification in these cases was, that the mixture was acidulated with hydrochloric acid before adding the silver, this proceeding having been suggested by M. Reinsch's plan of testing for arsenic. It is necessary to moisten the silver by agitating it with a little distilled water in a tube, before adding to the suspected mixture; but, in the cases detailed, the metallic sediment has been very easily obtained, subsiding rapidly, and the results have been very satisfactory.

No actual case of poisoning has occurred to me since I have tried this method, and my professional engagements leave me little time for pursuing the investigation of its powers; but I submit it your readers not without a hope that in other and more skilful hands it may be productive of important results."—*Med. Gaz.*

CASE OF PAINFUL SUBCUTANEOUS TUBERCLE IN THE TEMPLE, OVER THE TEMPORO-AURICULAR BRANCH OF THE SUPERIOR MAXILLARY NERVE. BY JOHN HAMILTON M.R.I.A.

Charles Dale, aged twenty-five, a shoemaker, now salesman at Messrs. Scott and Shields, Castle-street, pale and delicate looking, but not thin, complains of the most distressing attacks of pain shooting from the temple all round the right side of the head up to the vertex, behind to the occiput, and before to the centre of the forehead; from the same spot proceed darts of pain, like fire, to the right eye, with an appearance of red spots before the eye, and dimness of vision, and, at the same time, he gets deaf of the right ear, the eye becomes swollen, and there is such discoloration about it that he has often been asked if he had a black eye; the pain also engages the side of the face, but never the jaw or teeth. There is a general soreness of the whole scalp at that side, but he refers the origin of all his sufferings to the presence of a small tumor at that part of the temple, from which the painful sensations spring, and, on examination, I discovered in front of, and just above the helix of the ear, at the roots of the zygoma, where the temporal artery commences, a small tubercle about the size of a grain of shot; it was moveable, and evidently rather deeply situated, and, after a little handling, disappeared as if it sunk into the parts beneath; after he had performed the action of mastication, it became again apparent. He was always sensible of a painful feeling in it, increased by pressure or by the action of the temporal muscles in eating. The shocks of pain commenced like the blow of a heavy stick at this particular spot, and at such times the tubercle used to become larger. He has suffered from the complaint for eleven or twelve years; it began with paroxysms of pain about once a month, sometimes oftener, sometimes with intervals of three months, increasing in violence, at length he got an epileptic fit, commencing with a gushing sensation (aura epileptica) from the site of the tubercle (of whose existence he was not then aware), with insensibility and convulsions; he had eighteen of these fits, the last well marked one about seven years ago. Turpentine, which he then took, subdued them, and has since kept them in check, but not entirely, as he had shocks afterwards as nearly like the fits as possible. But during the whole of this long period he has never ceased to suffer from occasional attacks of pain, which latterly have increased both in severity and frequency; so much so, that a day now scarcely passes without a shock, and in the interval he is never free from a dull, heavy, stupifying pain in the right side of the head; he has also, very lately, had some attacks bordering on epilepsy, short intervals of insensibility, preceded by an aura from the tubercle. His general health is wretched; he is gloomy and desponding, and unable to work at his business; the least thing frightens him and makes him start; he suffers from palpitation of the heart, and nervous pains about the thorax, and rather severe neuralgia of the liver; he has taken much medicine without benefit, and after cupping from the back of the neck he was decidedly worse.

I advised the excision of the tubercle as the only chance of relief. To this he readily assented. An incision was made over the tumor, and a small dark colored tubercle became apparent, which was readily removed; but, after its removal, pressure on the sides of the place where it had been gave rise to disagreeable sensations, similar to what he had felt when the tumor had been pressed. I therefore removed two little substances in these situations, which, afterwards examined with a magnifier, had the appearance of portions of nerve. The tubercle itself was round, of a brown color, composed of a perfect cyst, containing a small, hard, calcareous substance of a chocolate color; the surface of the tubercle was quite clean, nothing like nervous substance attached to it.

Mr. Philip Crampton, of Stevens' Hospital, was kind enough to examine the composition of the brown calcareous matter for me, and found it to consist chiefly of carbonate of iron, with a little carbonate of lime.

For some days after the operation he was free from any of the former sensation, and his health improved in the most remarkable manner; but about a fortnight after, the wound having been quite cicatrised, he came to me, and, much to my disappointment, said his old symptoms were returning; that for some days he had had pain in the right side of the head, and yesterday the head symptoms were so severe that he had taken turpentine, having dreaded a fit. On examination, I found a small moveable tumor in the situation of the other; I was puzzled whether this was a second tubercle or not. Cutting down on it, I could discover nothing definite; there only appeared a little whitish condensed cellular tissue, which was painful on pressure; this I took as my guide, removing every part of the substance that produced the peculiar sensation on pressure. When I had done so to some depth, I clearly distinguished a branch of a nerve crossing the bottom of the wound; touching this with the blunt end of a probe, induced a peculiar uneasy feel, which made him exclaim that he was sure I was touching a nerve. I now understood the second accession of painful symptoms to have been caused by the pressure of the cicatrix (formed after the first operation) on this nerve, the cicatrix occupying the situation of the tubercle, and producing the same mechanical effects. As there appeared to be some morbid sensibility of the sides of the incision, I touched them lightly with caustic kali, and dressed the wound from the bottom. Mr. Fleming was present at both operations. Three weeks after the wound had quite healed by granulation, and he had no pain or complaint of any kind, and his general health is now excellent, such as he never remembers it to have been before. It is eight months since the removal of the tubercle, and he is perfectly well.

This case is worthy of note in several respects:

1st. The long duration of the symptoms, without their cause having been discovered, offering a sad instance of the lengthened misery entailed on a patient by oversight in such cases.

2nd. From the position of the tubercle, the nerve affected by its presence was most probably the temporo-auricular, or temporalis superficialis of the superior maxillary branch of the fifth. This supposition is confirmed by the fact of the parts affected by pain having been chiefly those supplied by this nerve, or those freely anastomosing with it, as the occipital and portio-dura of the seventh. The reflex actions induced by the irritation of the nerve were remarkably violent, producing the epileptic fits; but what is very singular, these reflex actions were in a great measure controlled by turpentine, although the irritating mechanical cause still existed.

3rd. The composition of the tubercle itself, chiefly carbonate of iron, the structure of the subcutaneous tubercle having been generally described as "homogeneous, of a dirty white color, without a trace of cavities or divisions, of a fibrous, fibro-cartilaginous, or cartilaginous consistence."* The young man denied the possibility of the introduction of any foreign body. I have only found one case which presents any analogy to it. Mr. Windsor, in the "Edinburgh Medical and Surgical Journal" for 1811, states that he removed a tubercle from the forearm of a woman, and found it to consist of a cyst, containing numerous little grains, which gave the sensation of sandy or earthy bodies.

4th. Its situation Subcutaneous tubercles are not very rare in the extremities or trunk, and are occasionally met with on the face. Of this last, I remember to have seen an instance on the inside of the right of the upper lip, from whence acute darts of pain shot to the right eyebrow, ear, and side of the nose. These ceased on the removal of the little tubercle after five years' suffering, numerous incisions having been made through it previously, and much constitutional treatment employed, without effect. But no author, as far as I have been able to find, has given a case of subcutaneous tubercle in the head. *Dublin Journal.*

HEART AFFECTIONS IN RHEUMATISM.

The frequency of disease of the heart as a complication of rheumatism has been, of late, much noticed by English physicians. The following remarks on this interesting subject by M. Chomel will serve as matter of comparison with the experience of our own practitioners:—

"The stethoscopic signs which occasionally present themselves in patients affected with rheumatism, are of very great interest and importance; but serious errors may arise from our method of interpreting these signs in connection with organic disease of the heart. Thus, it by no means follows that a rheumatic patient is attacked by disease of the heart, because an abnormal bruit becomes developed in the præcordial region; for post-mortem examinations show that in many cases where these abnormal sounds of the heart were discovered, no organic lesion was found after death. Of thirty-two cases of acute rheumatism admitted under my care during the year 1842, there existed fourteen with *bruit de souffle* accompanying the first sound; in three cases (one of which terminated fatally), there was a pericardial bruit; in fifteen, that is to say, in nearly one half the cases, no abnormal sound of the heart existed. Two of these fifteen died, but in both cases the existence of rheumatism was doubtful.

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* Dupuytren—Leçons Orales.

GRINDER'S ASTHMA.

This disease has been described by Dr. Holland, of Edinburgh, as presenting the symptoms of tuberculous phthisis; and although modified by the circumstances of the individual, and the exciting cause, the symptoms are those of pulmonary degeneration.

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. CULLEN, M.D.

May, 1843.

Mean of External Thermometer at 9, a.m.	54·34
„ „ „ at 9, p.m.	50·16
Maxima	59·75
Minima	45·50
Mean daily Range	14·28
Extreme Highest on the 3rd	64·50
„ Lowest on the 7th	35·
„ Range	29·50
Mean Dew Point at 9, a.m.	49·18
„ „ at 9, p.m.	46·45
Mean of Barometer at 9, a.m.	29·747
„ „ at 9, p.m.	29·436
Extreme Highest on the 11th	30·203
„ Lowest on the 15th	29·405
„ Range	·798
Number of Days Fine	16
„ „ on which any Rain fell	21
Quantity of Rain in Inches	5·274

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
—	3	—	8	4	6	—	10

ST. THOMAS'S HOSPITAL.

Mr. Macmurdo has been appointed to the office of surgeon to this institution, vacated by the death of Mr. Tyrrel.

Mr. Le Gros Clarke has been appointed assistant-surgeon.

GUY'S HOSPITAL.

Dr. Bright has just resigned his appointment as senior physician to Guy's Hospital. The new appointments consequent upon his resignation were made on Wednesday last, Dr. Addison becoming senior physician, and Dr. Barlow filling the vacant office of third physician. Dr. Golding Bird and Dr. G. O. Rees were elected assistant-physicians.

ST. BARTHOLOMEW'S HOSPITAL.

Mr. Stanley having resigned his lectureship on anatomy and physiology, it has been determined to adopt the same division of lectures as at King's and University Colleges. There will be no course of demonstrations, but a course of lectures on descriptive and surgical anatomy, and one on general and morbid anatomy and physiology. Mr. Skey has been appointed lecturer on the former, and Mr. James Paget on the latter, subject.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, June 9, 1843.

E. Phillips, J. Lyddow, P. O'Brien, J. S. S. Lang, H. Gimlett, F. G. Jackson, J. W. Willows, C. Rogerson, G. E. Aldred, G. R. Elliott.

APOTHECARIES' HALL.

Licentiates admitted Thursday, June 15, 1843.

Thomas Hawksley; Henry Chambers, Donnington, Lincolnshire; James Wade, London; William Clayton, Hull; Edward Lawford, Leighton Buzzard; Hilary Hill, Worcester; Frederick Forwood, London; Robert Edbrooke Lutley, Wiveliscombe; John Beedell, Tiverton.

BOOKS RECEIVED.

A Practical Treatise on the Diseases Peculiar to Women, &c. By Samuel Ashwell. Part II, Organic Diseases. London: Highley, 1843. 8vo, pp. 468.

Medical History of the Expedition to the Niger during the Years 1841-2, &c. By J. O. M'William, M.D. London: Churchill, 1843. 8vo, pp. 287.

Clinical Remarks on certain Diseases of the Eye, &c. By John Charles Hall, M. D. London: Churchill, 1843. 8vo, pp. 228.

TO CORRESPONDENTS.

Communications have been received from *Dr. Ferguson Branson* (Sheffield), *Dr. Martin H. Lynch* (London), and from *A General Practitioner*.

Mr. Hey's cases in our next.

⁂ In last Number, by an accident connected with the press, the two words, "chest will," were omitted, at page 214, col. 2, line 10.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS, TO DR. HENNIS GREEN, 58, MARGARET STREET, CAVENDISH
SQUARE, LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION,
TO DR. STREETEN, WORCESTER.

Printed by SAMUEL TAYLOR, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by HENRY RENSHAW at his residence, No. 356, Strand.—Saturday, June 17, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 143.] LONDON, SATURDAY, JUNE 24, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES
ON
VENEREAL AFFECTIONS
DELIVERED
AT THE HOPITAL DU MIDI, PARIS.

By Dr. PHILIP RICORD.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE VII.

May 9, 1843.

Cutaneous eruptions caused by copaiba — Various modes of exhibiting copaiba—Formula—Cubebs—Treatment of the inflammatory stage of gonorrhœa—General and local depletion—Objections to bleeding from the dorsal vein—Treatment of chordee—Use of injections—Treatment of gleet—Cauterisation—Pathology—Treatment of the complications of gonorrhœa—Abscess—Retention of urine—Hæmorrhage—Incontinence of urine.

GENTLEMEN,—Under the influence of cold damp weather, such as that of spring or autumn, the effects of copaiba on some persons are marked by the appearance of rubeolic or exanthematous eruptions, and by the occurrence of urticaria, herpes, or eczema, in patients subject to one or other of those diseases.

Such eruptions are daily confounded with secondary syphilis by those unacquainted with the various characters which the latter may present. It is with much surprise that I find a gentleman, who has had so many opportunities for observation in this respect as Dr. Cazenave, state that copaiba produces roseola *only* when constitutional syphilis previously exists. This error clearly arises from the preconceived notion entertained by the surgeon of Hopital St. Louis, of the constantly virulent nature of gonorrhœa. This is evidently shown from his supporting his position by the strange reasoning, that it is only in individuals affected with blenorrhagia that such eruptions appear. The argument may, for the benefit of truth, be inverted; and it may be said that the roseola induced by the balsam is chiefly observed in patients affected with gonorrhœa, because copaiba is generally exhibited for the cure of that disease. Dr. Cazenave's opinion is at variance with that of the profession at large, it being generally acknowledged that copaiba acts like muscles, and other toxic substances, whether gonorrhœa be present or not.

Certain characters may serve to discriminate these cutaneous disorders from syphilitic eruptions; for instance, their acute, inflammatory appearance, and the sense of itching accompanying them—signs which are absent in secondary syphilis. The ears, the dorsal region of the hands and feet, are frequently the first seat of copaibal eruptions, and which may induce symptoms of functional disorder in the brain and spinal cord. Let us add, that it is rare to see these last more than a week after the use of the balsam has been interrupted, and, if other signs failed, this circumstance would powerfully assist in the diagnosis of the eruptions from those which are the result of constitutional syphilis.

Such eruptions must be looked upon as unfortunate complications, which prevent the further administration, to the same patient, of a useful medicine.

Cobaiba was formerly exhibited in doses varying from ten to sixty drops daily, a quantity seldom exceeded. The practice of Bell, Swediaur, Delpech, Ribes, and others, has, however, abundantly demonstrated the proportion; it may, with decided advantage, be carried much farther—from two drachms to two ounces a-day. The mean dose may be said to be half an ounce, divided into three or four parts, taken during the twenty-four hours. The form to which I give a decided preference is the simple, unadulterated balsam. The various alterations it has been made to undergo, under pretence of removing its unpleasant taste, are mere unscientific speculations, which, even when they attain their professed object, deprive the balsam of its anti-blenorrhagic action. From this reprobation, however, I would except three preparations—the capsules of Mothes, which contain each about a scruple of pure balsam under a gelatinous capsule; the capsules of Raquin, enveloped in a less soluble covering, and setting, therefore, the balsam free in a lower part of the digestive organs than the former, whence nauseating regurgitations cannot take place; and the capsules covered with a crust of extract of ratany, which I believe I was the first to recommend, and from which patients find still less inconvenience.

Some persons cannot take copaiba in any shape into the stomach, without immediately vomiting it again. With those a mode of administration may agree, which has not, however, on gonorrhœa, one half the influence of the absorption through the stomach. We refer to injections into the rectum. The following prescription will be found advantageous in such cases:—

Decoction of poppy heads, four ounces;
Yelks of eggs, one;
Copaiba, half an ounce;
Extract of opium, one grain;
Camphor, ten grains.

This injection to be repeated night and morning, to be preceded by one of cold water, and retained as long as possible.

Cubebs.

The efficiency of piber cubebæ in the treatment of gonorrhœa causes us to place it nearly in the same rank with the balsamum. It is less disagreeable to the taste, causes less disgust, and less nauseous regurgitations from the stomach. It is not so often followed by eruptions, and increases the peptic action of the stomach. These considerations, together with the low price of the drug, sufficiently explain why we use it almost exclusively in hospital practice. The dose varies from half an ounce to two ounces daily, which I exhibit in combination with about one-eighth part of alum.

If slight inflammatory symptoms exist, this treatment may be used together with antiphlogistics, excluding baths and diluent drinks, which interfere with the success of cubebs.

Treatment of Inflammatory Stage of Gonorrhœa.

Strict abstinence from food, and bleeding from the arm, should be used in severe cases, with plethoric subjects, when febrile reaction exists; but, in general, leeching suffices to subdue the phlogosis. Twenty, thirty, forty leeches to the perineum, according to the violence of the disease, will be preferable to the practice of opening the dorsal vein of the penis, recommended by some British practitioners. Anatomy shows, it is true, free inosculation of the capillary system of the mucous membrane with the divisions of the dorsal vein, but its small diameter renders the operation frequently impracticable; and, in other cases, the supply of blood thus obtained is trifling, compared to what may be extracted with leeches. Trombus, also, easily forms, and prevents the free egress of the blood, so that practice has not fulfilled here, at least with me, the promise of a pleasing theory.

The use of a suspensory bandage we deem an indispensable adjunct to the treatment. It prevents or arrests those perineal cramps we previously alluded to, and diminishes the chances of epididymitis. Diluent drinks, as abundant and agreeable as possible, we also advise, so as to procure frequent and copious evacuations from the kidneys.

Warm baths, prolonged one or two hours, are frequently of much service. Some patients, however, suffer both in and after the baths. In such cases they must be discontinued.

Erections should be obviated by the use of camphor (from six to twelve grains daily). As belladonna acts upon the eye, so does camphor appear to act as the special sedative of the genitals, and, as such, will be most beneficial in the treatment of gonorrhœa.

The utmost attention should be paid to the state of the digestive organs, and their action solicited by gentle laxatives. With the assistance of these means, Gentlemen, the inflammation will be kept within moderate bounds, and the moment it begins to decline, the special anti-blenorrhagic treatment should be called into play, as every moment of delay renders the establishment of the chronic state more probable, and increases the difficulties and duration of the cure.

In order to prevent the establishment of chronic inflammation of the urethra, you must not lose any time when the phlogosis is on the decline, but at once proceed to avert the disease.

Baths should be, therefore, strictly forbidden, and the diluent drinks set aside. If gonorrhœa has been complicated with phlegmonous inflammation of the adjacent structures, it will be prudent to delay the injections, and to begin by the internal administration of the balsamum or cubebs, which should not be given in small, but, at once, in large doses. By the exhibition of small doses the urethra becomes gradually inured to their use, and, after some time, the beneficial effects which might have been obtained are lost. And also, as every relapse renders the cure more difficult, these drugs should not be suddenly withdrawn, even though the discharge should chance to cease. I have found great advantage in a gradual diminution of the doses, so as to make the patients continue cubebs or copaiba some five or six days after the cessation of the running, gradually lessening the quantity, so as to leave off the medicine by slow degrees.

For a fortnight or three weeks should the patients rigidly abstain from sexual intercourse, baths, the use of cider, malt liquor, asparagus, &c., and such other substances as we have before mentioned to you as predisposing the genital organs to this form of disease. The habitual mode of life must be slowly glided into, in such a manner as not to occasion any sudden shock to the system, in itself a frequent cause of relapse.

If you have, on the contrary, to deal with a purely catarrhal gonorrhœa, without any phlegmonous complications, it will much shorten the cure to assist the action of special anti-blenorrhagics with local treatment, in the shape of injections.

I have already stated my full reliance on nitrate of silver. I can here only repeat what I have said, "It is the specific of inflamed mucous membranes." After the nitrate of silver has determined a sthenic reaction of the capillary system of the urethra, you will find the following a good injection as a resolutive of the inflammation :—

Distilled water, eight ounces;
Sulphate of zinc, sixteen to thirty-two grains;
Tincture of opium, half a drachm.

A solution of sub-acetate of lead, in the same proportion, will answer likewise a similar purpose.

I will merely mention, in a cursory manner, the opposition raised by Dr. Gilbert to the use of injections in general, on the singular grounds that masturbation is rendered more frequent! I think you will agree with me that such absurd objections to a useful method are worse than none at all, and are totally undeserving of refutation.

Let us proceed with the treatment of troublesome and persistent gonorrhœa.

As an astringent, in such circumstances, an injection with equal parts of claret and water, or a solution of four or eight grains to an ounce of extract of ratany, or pure tannin in claret, will be found advantageous.

In rebellious cases I have derived much benefit from injections of ioduret of iron, which I have carried as far as twenty grains to an ounce. At this dose it is almost a caustic, but one, two, or three grains to an ounce, prove a capital astringent, and answer perfectly when a stronger stimulus is unnecessary.

As to injections of potash or corrosive sublimate, as recommended by Hunter, I really think there are very few cases which require such energetic means of treatment; and if ever the reproach of inducing stricture could be justly thrown upon injections, it would certainly bear upon those liquids, destructive of the parts they come into contact with, and causing the formation of diseased tissue, which, by its contractility, may easily be conceived to diminish the diameter of the urinary duct.

Treatment of Gleet.

Commonly accompanied and caused by morbid alterations of structure; gleet may, however, be found alone, and the treatment will not vary from that we have just described.

It must be acknowledged, at the same time, that here copaiba and cubebs have much less beneficial action than in more acute forms of the disease. They should, in gleet, be administered merely in order to communicate to the urine their balsamic properties, and in much smaller doses, so as to induce a slow therapeutic action, which may be kept up a longer time without inconvenience to the patient, and without causing any disorder in the digestive functions.

But a fact, which the practitioner should never lose sight of, is the frequency, in gleet, of organic change in the urethra, and the consequent necessity of exploring it with the utmost care and attention, so as to discover any little trifling hardness or modification of the natural state, which, although slight in appearance, may be quite sufficient to explain the persistency of the running.

In scrofulous subjects, inveterate gleet may be successfully treated by a method commonly known in this country under the name of "méthode de Malenfant," and which consists in the application of blisters to the perineum. The internal medication should be conducted on the same plan as that of scrofula in general, with bitters, steel, tar, and preparations of iodine.

Venetian turpentine I consider as a valuable balsamic, which may, in these cases, be advantageously substituted for copaiba. It is less unpalatable, and has beneficial effects. I prescribe it in doses of from three to eight drachms daily.

Cold baths in running water, or sea bathing, if possible, should be recommended as general tonics.

Should all these fail, there is one prescription which patients generally fulfil with much alacrity—that is, sexual intercourse in moderation, which has often been the means of arresting obstinate gleet. The conscience of the surgeon may be at rest on the score of contagion; such discharges are not infectious *when they contain no purulent matter.*

Cauterisation, of the prostatic region in particular, with the "porte-caustique de L'Allemand," is a valuable resource in some cases. You are all familiar with the instrument which I now present to you. It consists of a silver canula, about ten inches in length, containing a stiletto or probe, terminated by a thickening, and bearing a little cup carved in the side near to its further extremity. By pressing the stiletto forwards, the cup, containing nitrate of silver previously melted into it, is uncovered, and the caustic may thus safely be applied to any deep-seated part of the urethra the surgeon may think fit. The cup may remain uncovered while withdrawing the instrument, as the caustic may happily modify some affected spot, and cannot be injurious to the healthy portions.

The patient must be made aware that cauterisation will be followed by slight pain and scalding. Perineal tenesmus, dysuria, and even retention of urine, may intervene, and render the catheter necessary. It is also to be recollected that sanguine exhalation constantly takes place, and may even last two or three days after the operation.

It is, perhaps, this exudation of blood, occurring after cauterisation of the os tincæ, which has induced the erroneous belief that applications of nitrate of silver promote menstruation.

The secretion commonly disappears three or four days after caustic has been used. If so, no further treatment is necessary. Should it return, mild injections of sulphate of zinc or acetate of lead will achieve the cure in less than a fortnight after the operation, which, however, may require to be repeated a second or even a third time.

The permanent or temporary introduction of bougies into the duct has sometimes been beneficial when other means have failed. But the moment the discharge stops they must be withdrawn, as the stimulus of their presence would inevitably cause a return of the disease.

They may be greased with a mercurial or a calomel ointment; for a similar purpose the red precipitate may be added to common grease (one or two grains to the ounce), and the bougies anointed with the preparations. Balsamum copaiba, Galen's cerate, have been also used in the same manner.

The necessity, or rather, the advantage, of isolating inflamed mucous membranes, to shorten their cure, has always been a favorite theory of mine. I founded upon it a treatment of gleet, successful in some cases, which I published several years ago. Your knowledge of the ingenuity of the profession will prevent your being surprised at the fact that, the moment my cases appeared, a great many *inventors* started up to claim priority. The method was merely the following:—A narrow slip of linen was introduced into the urethra; for that purpose I used an India-rubber catheter, about seven inches long, into which I passed a steel conductor of about twice the length, with a narrow slip of linen twisted round it. The instrument was introduced into the urethra, made to glide over the probe, leaving in the urethra the conductor and the linen, which retained in the canal at its further extremity, and was then freed of the conductor by gentle traction.

Several times was this mode of treatment signally successful; I seldom employ it, however, as it is a troublesome operation, which requires to be renewed after each emission of urine.

In some patients gleet is as incurable, and more harmless, than white uterine discharges. In such instances the affected person must be recommended to live with his enemy, and I comfort them in general with the example of Cullerier (nephew), who, with a similar discharge, lived thirty years in the bonds of matrimony, without either experiencing any inconvenience himself, or being the cause of it in his wife. Those patients, unfortunately, have seldom sufficient wisdom to follow such wholesome advice; they almost invariably become the prey of quacks, who drain their purses, and seriously injure their constitutions.

Before I pursue the treatment of the complications of gonorrhœa, allow me to mention to you two cases which have very lately fallen under my notice, and which, in my opinion, are not altogether devoid of interest.

I.—A gentleman called upon me a few days since with an indurated sore of the lower lip, and an enlargement of the submaxillary glands. A well characterised syphilitic eruption existed over the body. The genitals were perfectly healthy, the inguinal regions not tumefied, and no trace whatever of a primary affection could be found on the penis. After some difficulty, the patient acknowledged he had placed his mouth in contact with the genital organs of a woman. I desired to see her, and found, on one of the nymphæ, a *non-indurated* chancre. No constitutional symptoms could be discovered. She allowed candidly the truth of the statements made by the gentleman, but added—and this was also confirmed by him—that natural intercourse took place between them on the same day, and, as he had escaped free from this exposure, she could hardly conceive the possibility of the lip being contaminated.

This case, Gentlemen, deserves notice—first, as showing a mode of infection seldom acknowledged, although not uncommon; second, as proof that a simple chancre, merely a local affection, is transmitted to a second person, in whom it may become *indurated*, and give rise to secondary disease; and lastly, you will remark, that although more legitimate connexion took place on the same occasion, the lip, and not the penis, was affected, thereby demonstrating a fact I will never tire of repeating—viz., that it is not the state of excitement of the parts, nor even actual contact, which can *alone* determine the appearance of chancre, but that successful inoculation of virulent pus is prevented by the integral condition of the spot exposed to contamination.

This truth is further illustrated by the second case, another example of those vile practices which cannot be excused, but are, in some degree, accounted for by a disordered state of excited imagination.

II.—A female consulted me a short time ago for a papular eruption, which I instantly recognised to be syphilitic. The genitals were *perfectly healthy*, but a fissure existed on the anterior aspect of the anus. Without hesitation I taxed the woman with her crime. Thus suddenly "taken aback," she pleaded guilty to the charge, also adding, that on the same occasion she had first had intercourse with the gentleman in the manner which tradition has handed down to us, and that no ulcer or discharge had been communicated to her. She could not, therefore, understand how the sore of the rectum could possibly have originated. But I, Gentlemen, can easily explain the fact. The culprit was at the time under my care for *chancre* of the penis.

I will again delay our lecture a few moments, to show you the preparation which lies on the table. It is the most interesting part of the post-mortem examination of a patient who died the day before yesterday.

This lad, aged twenty, was a scrofulous subject, of late affected with scorbutic symptoms. For *seven* months an ulcer had existed in the left groin, consequent upon a bubo, which had followed chancre. This ulcer put on the phagedœnic form, under the weakening influence of the general habit; and, notwithstanding a temporary amendment in the symptoms, notwithstanding our increasing efforts to induce granulation in the wound, the digestive organs at last became affected, and he sank under colliquative diarrhœa. Many cases of the kind have already fallen under my observation; some I have lost, and have invariably found extensive disorder in the large intestine. Far from deviating from what I have hitherto observed, this case is a most complete example of ulcerous entero-colitis. In the last portion of the ileum you may perceive several of Peyer's glands enlarged, injected, and ulcerated, although no typhoid symptoms were present during life. But here, you will likewise notice that the anatomical alterations are not limited to Peyer's glands, but extend to Brunner's follicles as well, and, in some parts, to the whole depth of the mucous lining; but, when we come to the cœcum, the appearances are, indeed, different from those of typhoid fever. You may see, from the cœcal valve to the anus, the mucous membrane pierced, sieve-like, by innumerable quantity of circular ulcerations, with a black fundus, well circumscribed edges, a dark areola, each of them from one to two lines in diameter; hence the diarrhœa, the dysenteric and bloody stools, and the unremitting nature of the symptoms which preceded and brought on dissolution. The liver is the color of chamois leather, and greases the knife, having undergone the fatty degeneration; the stomach, jejunum, spleen, and kidneys, were quite healthy; the lungs did not present one single tubercle, notwithstanding the fatty state of the liver, so frequently a concomitant of phthisis; the brain, &c., not altered.

Dupuytren has remarked that, after extensive ulcers induced by burns, this alteration of the colon is a frequent cause of death. The constancy of that anatomical change, in instances of death from phagedœnic sore, is a subject of interesting speculation. We now reluctantly dismiss the question, and turn to the consideration of

The Treatment of the Complications of Gonorrhœa.

1. Vesical tenesmus is a most distressing complication of gonorrhœa, which I have generally relieved in a short time by cold enemata of about four ounces of water, containing fifteen to twenty drops of laudanum, three times a-day. Laxatives should be combined with these injections, as they induce costiveness, which must be sedulously avoided. Camphor is also of use, but the above line of treatment is really remarkable in its results.

Some cases, in which enemata are unsuccessful, will be benefitted by the cauterisation of the neck of the bladder and prostatic urethra with L'Allemand's instrument.

As an exceptional treatment, I may mention the introduction of bougies into the urethra, a topical application which would, in most cases, be calculated to increase rather than to diminish the intensity of the disease.

2. *Abscess.*—During the phlegmonous period of the existence of such tumors, we strenuously recommend antiphlogistics; but the earlier they are opened, the more will the chances of perforation, or of extensive ulceration of the urethra, be diminished.

They should be punctured before even plastic lymph has caused them to adhere to the skin. It is not, nevertheless, very difficult to make the wound of the cutaneous surface correspond with that of the abscess, so as to prevent incarceration of the pus, and to obviate the necessity of a second opening. The tendency to heal is so great, that it is advisable, for the first thirty-six hours which follow the operation, to introduce into the wound a small, twisted string of lint, so as to prevent immediate union of its lips. As an example of the rapid closing of these abscesses, I may mention the case of the patient lying in the eighth bed of the second ward, in whom a week had sufficed to heal up an abscess of this nature, seated in the phrenic region.

In the prostatic portion abscess has a great tendency to ulcerate the urethra. Cases are not rare in which such collections of matter have been opened in the urethra by the mere passage of a catheter. This is not an unfavorable termination, the condensed prostatic structures effectually preventing dispersion of urine in the cellular tissue.

3. Retention of urine frequently accompanies acute gonorrhœa. This complication may be the result of inflammatory swelling of the urethra, or of spasmodic contraction of the membranous region.

It is evident that, as long as the introduction of a catheter can be dispensed with, although the passage of urine may not be altogether free, it will be right to avoid this fresh cause of phlogosis; but when the retention is complete, when the bladder is distended, there is no other course left, and middle-sized instruments should then be employed, and with the utmost caution. It must be remembered that inflammation has now rendered the membrane more liable to be torn, and, therefore, the operation must require great prudence. It is obvious, for this reason, that small-sized catheters must be rejected, as well as the large ones, praised by Mayor on the following startling principle:—"The narrower the stricture, the larger should be the instrument!"

If catheterism has been necessary, and the instrument be firmly retained by the swollen urethra, as a second operation of the kind may be unsuccessful, or, at least, attended with much difficulty and irritation, the catheter should be allowed to remain in the bladder; under contrary circumstances, it should be withdrawn.

4. Hæmorrhage, when arising from exhalation, is generally trifling in abundance, and requires no special attention; but, if caused by a rupture of the urethra, or laceration, it may be desirable to arrest it. For this purpose injections of cold water, or compression behind the seat of the hæmorrhage, will frequently suffice. Should they fail, a catheter may be introduced, and a circular bandage applied round the penis will stop the bleeding. Great prudence in the application of this kind of compression, and close attention to the patient, are necessary, as it may, and has been seen to, produce gangrene.

5. Incontinence, as well as retention of urine, may occur from irritation of the neck of the bladder, and the best means of subduing this troublesome complication will be free cauterisation of the prostatic region with lunar caustic.

TWO CASES
OF
STRANGULATED HERNIA,
FOLLOWED BY ARTIFICIAL ANUS.

By William Hey, Jun., Esq.,
Surgeon to the Leeds General Infirmary.

Case I.—Anne Wood, aged 66 years, was admitted into the Leeds General Infirmary on the 11th of August, 1841, at three, p.m., on account of a large femoral hernia of the right side, which had been strangulated forty hours. Having tried the usual means of reduction without success, I proceeded to the operation at half-past seven, p.m. In compliance with the suggestion of my colleague, Mr. Teale, who assisted me, I divided the stricture without opening the sac, and then again attempted to reduce the hernia, but did not succeed in doing so, nor was I sensible of any diminution in the bulk of the tumor. I, therefore, of course opened the sac, in which I found a considerable mass of omentum, but *no intestine.* I concluded that the symptoms had been produced by the strangulation of the omentum. A considerable portion of it, which appeared to have been long protruded, and was indurated, was removed, and the wound closed. On the day but one following, in consequence of some appearance of inflammation, the dressings were removed, and, as the wound showed no disposition to unite, the stitches were cut out, and a poultice applied. The wound continued to present a sloughy appearance until the sixth day, when a copious discharge of thin feculent matter took place from it. For some days the whole of the fæces were discharged through the artificial anus, and afterwards partly through it and partly through the natural passage, until September 3, when the artificial anus was closed (seventeen days after its formation).

Sept. 24. The wound was healed, and the cicatrix sufficiently firm to bear the pressure of a truss, when the patient was discharged cured.

Case II.—Elizabeth Smith, aged 61 years, was admitted on the afternoon of Wednesday, the 1st of March, 1843, with a small femoral hernia of the right side, which had been strangulated since eight o'clock in the morning of the previous Monday. She stated that she had had hernia for twenty-five years, but had never wore a truss, and had always been able to reduce it until the Monday morning. At the time of admission the extremities were cold, pulse very feeble, pain in the abdomen severe, vomiting frequent, and slightly stercoraceous. The tumor was very tender, and the integuments covering it somewhat firm and adherent, from effusion into the subcutaneous cellular structure. The operation was immediately decided upon, and was performed at eight, p.m., sixty hours after the strangulation took place. The sac contained a small knuckle of intestine of a dark color, and approaching to a state of gangrene. I hesitated as to the propriety of returning it into the abdomen, but, as I did not feel certain that it was past recovery, I decided upon doing so, leaving it as near as possible to the opening from which it had protruded, and leaving the wound open, in order to avoid the danger of extravasation into the cavity of the abdomen, in the event of its sloughing. After the operation an opiate was administered, followed by an effervescing saline mixture, with magnesia. She passed a tolerably good night, and the next morning the pulse was 90, and stronger, but there had been no evacuation from the bowels. The vomiting returned during the day, and continued at intervals until the 5th. The abdomen was tympanitic, and there was no relief from the bowels during this period; but on the 5th she had two free evacuations per anum, and a slight fæcal discharge from the wound. The vomiting then ceased, and the swelling of the abdomen subsided. On the 6th an artificial anus was fully formed, and the whole of the fæces were discharged through it.

13. The slough of intestine came away this morning; she had a copious stool per anum in the afternoon.

17. Complains of pain in the abdomen, which is distended, the bowels not having acted sufficiently. A dose of castor oil was given.

18. Has had a copious discharge of fæces per anum, followed by complete relief. The discharge of fæces from the groin has nearly ceased.

21. No discharge of fæces from the groin.

From this time the whole of the motions were passed per anum, but the wound was not sufficiently healed to enable her to bear the pressure of a truss until April 24, when she was discharged cured.

These cases appear to me of peculiar interest in relation to two important points of practice. The first is, the treatment of the intestine, when it is found in a gangrenous state. It appears from both the cases that a portion of intestine, in such a condition, may with safety be returned into the cavity of the abdomen, provided that the wound is left open for the escape of the contents of the bowels, when the dead portion is cast off. It has been remarked by Mr. Key, with reference to hernia that has been injured by a blow, that there is not much danger in reducing the intestine, as it seems disinclined to shift its position from the opening of the sac, its peristaltic movements, probably, either ceasing altogether, or being so enfeebled as to leave it in a helpless and passive condition where the taxis has placed it. The remark applies equally to a portion of intestine, the vitality of which is much impaired by severe or long-continued strangulation. The slough is insulated by the adhesion of the peritoneal surfaces around it, and thus effusion into the abdominal cavity is prevented.

I do not think, however, that this mode of treating a mortified portion of intestine is to be recommended. It should only be practised when the actual death of the part is not quite certain, and where there appears some reason to hope that it is not past recovery. When the intestine is clearly mortified, a free incision should be made into it, in order that the intestines above the strictured part may be evacuated without delay. The patient generally (even in those cases which terminate fatally) experiences immediate relief, the tension of the abdomen being removed, and the stomach becoming settled. Whereas, in those cases in which a portion of intestine in a state approaching to gangrene is returned, although the stricture is removed, it is incapable of performing its functions; several days may elapse before evacuations can be perceived, and in the meantime the patient may sink.

The second point to which I have referred is the division of the stricture without opening the sac. There can be no doubt that, in the first of the cases I have related, a small portion of intestine had been included in the sac, and that it had been reduced after the division of the stricture, before the sac was opened. If I had been aware that I had returned the intestine, I should not have proceeded to open the sac, and in that case the patient must have died, because, when the slough was cast off, there would have been no exit for the contents of the bowels, which must, therefore, have passed into the cavity of the abdomen. I do not mean to infer, from the result of this case, that a strangulated portion of intestine can *never* be safely returned without the sac having been opened, but I am convinced by this, along with many others, that the cases in which it can be safely done are few.

CASE
OF
ANEURYSM OF THE THORACIC AORTA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—If you think the following case of aneurysm of the thoracic aorta sufficiently interesting, I shall be glad to place it on record in your Journal.

I am, Gentlemen,
Your obedient servant,
FERGUSON BRANSON, M.D.,
Physician to the Sheffield General Infirmary.

Sheffield, June 10, 1843.

March 27, 1843. John Crips, aged thirty-five, a portmanteau-maker, and of intemperate habits, stated that ten years ago he had an attack of acute rheumatism, from which he recovered perfectly; three years ago complained of soreness at the epigastrium, with palpitation, and, as he expressed it, "felt as if something was tied tightly round his body;" nine months ago remarked a pulsation below the inferior angle of the left scapula, but is quite certain no tumor then existed. Three weeks ago, the beginning of March in the present year, he first perceived a small tumor at the point where he had previously felt the pulsation. The tumor increased rapidly, and, on the 27th of March, was the size of the largest orange, and pulsated strongly. A distinct aneurysmal murmur was heard over the swelling; heart's impulse increased; sounds normal; pulse 96, corresponding in both radials, and in character slightly thrilling; countenance pale and anxious; he complained of great pain in the back, especially at night, and was unable to lie on the right side; bowels confined; no discoloration of the integuments covering the tumor. On the 7th of April, the tumor having become much larger, he was admitted an in-patient of the Sheffield Infirmary. At this time the tumor measured twelve inches from the upper to the lower margin, and twelve inches from side to side. On the 13th a loud rasping sound, accompanying both beats of the heart, was heard extensively over the whole of the cardiac region, but most distinctly over the commencement and along the course of the aorta, below the left clavicle; it was heard also in the left supra-scapular space. The aneurysmal murmur could no longer be distinguished over the tumor generally, though still very faintly heard over the superior margin of the swelling. Pulse 120; redness of the integuments over the most prominent part of the tumor. On the 15th of April the rasping sound was not heard in the cardiac region, nor below the left clavicle, though it was still faintly perceptible in the supra-scapular space; pulse 100. This disappearance and recurrence of the rasping sound was observed several times, and the intensity of the sound seemed to bear a direct relation to the rapidity of the circulation. The aneurysmal murmur was never again heard over any part of the swelling. The heart was displaced, the base being pushed downwards, and towards the right side. From this time to his death, which occurred on the 30th of May, he gradually became worse. The tumor appeared as an immense livid hump, extending from the eighth rib on the left side posteriorly, as far as the left lumbar region. The pulsations in the tumor were frightful, and shook his whole frame. He complained of constant severe pain in the left lumbar region, and was much exhausted by profuse perspirations, which harassed him day and night, Till within a week of his death the breathing was but little impeded, and the absence of cough very remarkable. The symptoms which immediately preceded dissolution nearly resembled those so graphically described by Mr. John Bell, as occurring in persons who die of aneurysm of the thoracic aorta without hæmorrhage. "Frequently," says that writer, "before the awful and fatal hæmorrhage has had time to occur, the patient perishes of sufferings too great for nature to bear. The aneurysmal tumor so fills the chest, so oppresses the lungs, compresses the trachea, and curbs the course of the descending blood, that the system, with a poor circulation of ill-oxydated blood, is quite exhausted. And thus, though the patient is saved from the most terrible scene of all, he suffers great miseries; he experiences in his chest severe pains, which he compares with the stabbing of knives; terrible palpitations; an awful sense of sinking within him; a sound within his breast, as if of the rushing of waters; a continual sense of his condition; sudden startings during the night; fearful dreams, and dangers of suffocation, until, with sleepless nights, miserable thoughts by day, and the gradual decline of an ill-supported system, he grows weak, dropsical, and expires." The treatment was, of course, only palliative, and consisted in gradually increased doses of tincture of digitalis and morphia.

Examination of the Body Thirty-six Hours after Death.

Decomposition had commenced about the neck and face. Anteriorly the chest was well formed, whilst posteriorly nearly the whole of the left side of the chest was occupied by a large projecting tumor, which extended as far as the left lumbar region, and measured thirteen inches from above downwards, and seventeen from side to side. The most prominent part of the swelling was inflamed and livid, and the skin in some places abraded. On removing the anterior walls of the chest, a considerable quantity (several pints) of bloody serum escaped from the left pleural cavity. The right lung was healthy, the left remarkably small and wasted. The heart was displaced; a line drawn from the base to the apex would have crossed the sternum diagonally, the base of the heart being pushed considerably towards the right side. The pericardium contained two or three ounces of pale serum. The size and muscular structure of the heart was natural, and the surface of the right ventricle was marked by several white patches of lymph. The mitral, tricuspid, and aortic valves, were rather more opaque than natural; the pulmonary artery was healthy. On removing the left lung and the abdominal viscera, with the exception of the kidneys, the tumor was found to occupy nearly the whole of the left side of the chest; the diaphragm on the left side was pushed downwards, and the left kidney pushed forwards and inwards by the tumor. On slitting up the aorta, the vessel was seen to communicate with the tumor a little below the arch. The communicating opening was about an inch in diameter, in shape irregular, with a thickened margin, and situated on the posterior side of the artery. There was no dilatation of the artery opposite the opening. The coats of the artery were unruptured at this point, and could be traced for a short distance into the cavity. From the margin of the aneurysmal opening, superiorly and externally, the coats of the artery extended into the tumor to a distance of about three inches; but internally and inferiorly, from the same margin, they could be traced only to the distance of an inch. The aorta throughout its whole length was very much thickened; there was an extensive atheromatous deposit beneath its internal coat, and one round plate of bone, nearly half an inch in diameter, was found very close to the aneurysmal opening. This was the only ossific deposit in the course of the aorta. On removing the whole of the tumor, with the vertebræ and ribs, to which it was firmly attached, it measured twenty-eight inches in circumference longitudinally, and twenty-five inches transversely; it was, however, somewhat irregular in shape, as if fresh pouches had been successively formed. On opening the tumor, it was found to consist of two large chambers; the posterior chamber was globular, and formed the principal part of the external swelling; the narrow opening into this chamber was formed by a constriction of the walls of the tumor at the point where the aneurysm had forced its way through the ribs. The other chamber was irregular in shape, and consisted of several pouches; from the lower part of this chamber a long, narrow, burrowing sinus, extended by the side of the vertebræ as far as the third lumbar vertebra. The posterior globular chamber was completely filled with masses of coagula, not arranged concentrically, but traversed in all directions by semi-organised membranous layers; portions of these membranous layers presented a reticulated appearance. Fibrinous concretions, and what seemed false membrane, adhered to the inner surface of the tumor, which was generally extremely rugged and uneven. Not the smallest trace of the coats of the artery could be distinguished in this division of the tumor. The anterior chamber into which the artery opened was filled with half-coagulated dark blood, and one small patch of ulceration was remarked. The walls of the tumor adhered firmly to the sides of the vertebræ, the principal portion of the bodies of the vertebræ being within the tumor, and thus forming part of its walls. The bodies of the seventh, eighth, ninth, tenth, eleventh, and twelfth dorsal vertebræ, were within the tumor, denuded, carious, and deeply excavated, the intervertebral substance remaining nearly entire. The tenth dorsal vertebra was more deeply excavated than the rest. The seventh, eighth, and ninth dorsal vertebræ, were in some degree protected by a mass of fibrine lying upon their anterior surfaces, and which materially strengthened the walls of the tumor at this point. The ninth, tenth, eleventh, and twelfth ribs, were also more or less absorbed. The ninth rib was denuded and carious, and from it a plate of bone was detached, and pushed upwards. The tenth rib had nearly disappeared, two small portions only remaining, one attached to the cartilage, the other to the vertebra. The eleventh rib was only less injured than the tenth, the remaining portions being considerably displaced, and pushed downwards. The twelfth rib was completely divided near the vertebra, but not otherwise extensively diseased. The walls of the tumor were at every point entire. The remaining viscera presented little remarkable.

STATISTICAL REPORT
OF
190 CASES OF INSANITY
ADMITTED INTO
THE RETREAT, NEAR LEEDS,
During Ten Years, from 1830 *to* 1840.

By Samuel Hare, Esq.

(Concluded from p. 236.)

C.—*Influence of the Duration of the Disease.*—Judging from the result of the cases, as exhibited in Table XVIII, and without modifying circumstances being considered, it would seem that the previous duration of insanity had less influence on the proportionate number of recoveries than is usually believed, because these did not, in the more recent cases, very remarkably exceed those which took place in the cases of a more chronic kind. Nevertheless, I am fully convinced that the former are far more under the influence of treatment than the latter, and that the time required for their cure is also considerably less. The reason why the proportionate number of cures in the more recent cases does not appear greater is simply that, some of the patients being much relieved, were removed by their friends before they could be considered completely well, and that they were, therefore, put down in the report merely as relieved. That friends should be more anxious to remove patients from an establishment when the case is recent, is easily comprehended, because, as in these cases, the patients frequently becoming quite manageable in a short time, their friends often desire that the remainder of the recovery should take place at home.[*] Of the more chronic cases, those whose insanity had existed more than twelve months, the recoveries, considering this circumstance, were very numerous, amounting to no less than 39 out of 90. This circumstance I attribute to the great pains taken to improve the general health, and the close attention paid to the state of the digestive organs; for I have often had the evidence before me, and have been more and more confirmed in the opinion by each succeeding case, that the first step to be attained in the cure of mental disorder is to put the chylopoietic viscera into as sound and healthy a condition as possible, and that the alleviation of the mental disease may usually be dated from the period when this desirable object is accomplished.

Table XVIII.

Exhibiting the Influence of the Duration of the Disease *upon the Recoveries, &c.*

Duration of the Attack.	Discharged.																		Remaining, June 30, 1840.			Grand Total.		
	Recovered.						Relieved.			Not Relieved.			Died.			Total.								
	Recovery complete.			Recovery not confirmed.																				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First attack of three months' duration, or less	9	5	14		1	1	6	5	11		2	2	2	1	3	17	14	31	1		1	18	14	32
Do. of from three to twelve months' duration	7	7	14				7	1	8	5	3	8	3	1	4	22	12	34	1		1	23	12	35
Second attack of not more than twelve months' duration .	4	1	5					2	2				1		1	5	3	8	1	1	2	6	4	10
Attacks of more than twelve month's duration	20	19	39	1	7	8	9	11	20	9	4	13	7	3	10	46	44	90	8	6	14	54	50	104
Attack and duration not stated . . .	2		2				1	2	3	1		1	2	1	3	6	3	9				6	3	9
Total	42	32	74	1	8	9	23	21	44	15	9	24	15	6	21	96	76	172	11	7	18	107	83	190

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[*] It may also be remarked, that some of the cases which were reported by the patients' friends as of only three months' duration, were, probably, of considerably longer standing, the insidious approach of the disease being often, in its early stages, altogether overlooked.

D.—*Influence of Age.*—Generally speaking, and other circumstances being equal, the chance of recovery from insanity diminishes with the advance of life, and especially in its latter stages. Thus, of the 104 patients not above 40 years of age, 44·24 per cent. recovered; while of those above 40, the recoveries amounted to but 41·17 per cent. Again, dividing the patients into those under and above 50, the recoveries amounted to 43·75 per cent. among the former, and only to 39·28 among the latter; but the difference is still more obvious when the patients are divided into those who are under and those who are above 60, the centesimal proportions in these classes being respectively 43·82 and 30·00. The oldest individual admitted was a male of 74, who recovered, and, when last heard of, in May, 1841, had not had a relapse. The case, however, was a favorable one; he had no hereditary predisposition to insanity, and it had only existed four months previous to his admission. Had those cases of recovery whose permanency was considered more doubtful, owing to the short period which the patients remained in the Retreat after it had taken place, been included in the above estimate, the per centage of recoveries under the age of 50 would have been augmented to 50 per cent., while, for those above that age, it would still have remained at 39·28—a difference between the two classes of nearly 21½ per cent.

TABLE XIX.

Exhibiting the Influence of Age *upon the Recoveries, &c. the arrangement being upon the same principle as some of the former Tables.*

Ages.	Discharged.																		Remaining, June 30, 1840.			Grand Total.		
	Recovered.						Relieved.			Not Relieved.			Died.			Total.								
	Recovery complete.			Recovery not confirmed.																				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
15 to 20 Years . . .	2	4	6				2	1	3	1	1	2	2		2	7	6	13		1	1	7	7	14
21 — 30	8	6	14		3	3	7	4	11	5	3	8	3	1	4	23	17	40	6	2	8	29	19	48
31 — 40	17	9	26	1	2	3	2	6	8	4	2	6	7	1	8	31	20	51	2	2	4	33	22	55
41 — 50	7	10	17		3	3	5	7	12	2	2	4	1	3	4	15	25	40				15	25	40
51 — 60	5	3	8				3	2	5	2	1	3	2		2	12	6	18	2	2	4	14	8	22
61 — 70	2		2				4	1	5	1		1		1	1	7	2	9	1		1	8	2	10
71 — 80	1		1													1		1				1		1
Total . . .	42	32	74	1	8	9	23	21	44	15	9	24	15	6	21	96	76	172	11	7	18	107	83	190

E.—*Influence of Sex.*—Some remarks have already been made on the duration of residence, by which it appeared that the females had, on the average, remained in the Retreat considerably longer than the males. This assertion not only holds good with respect to the whole number discharged, but also as regards those who were discharged "recovered;" for, while the period averaged for the males only 3·47 months, it reached 5·65 months for the females, or, without including the two very protracted cases already referred to (and both of which occurred among the females), it still amounted to 4·16 months, thus exceeding the average for the males by two-thirds of a month.

The actual number of complete recoveries was 42 males and 32 females, giving a centesimal proportion of 43·75 recoveries in the former, and of 42·18 per cent. in the latter; and if, as we ought to do here, we include those recoveries which, however, were "not confirmed," the result is, that the recoveries were 44·79 per cent. in the males, and 52·63 in the females. This shows that though the males recovered more rapidly, yet that the total number of cures effected was, in the complete recoveries, within a fraction of being equal in the two sexes, and that it was in favor of the females, if we include the cases which left the Retreat before the permanency of the recovery could be depended on. This is a result similar to that arrived at by most of those who have had extensive experience in this disease.

VII.—THE READMISSIONS.

Of the 190 admissions, 24, as was stated at the commencement of this paper, were readmissions; the persons readmitted were, however, but 16; 11 having been readmitted once, 2 twice, and 3 three times; of these 16 individuals, 11 (6 males and 5 females) were cases of mania, 2 of incoherence (both males), and 1 was a case (in a female) of monomania. All the cases which were readmitted more than once were instances of mania. The periods after the previous discharge, at which the readmissions took place, varied, as might be expected, very materially, 4 of them (16·66 per cent.) taking place within six months, and 1 of them not until between six and seven years afterwards; these results will be more fully seen by referring to the accompanying Tables. The average interval between the previous discharge and the subsequent readmission was, for the males one year seven months and one-third, and for the females one year six and a half months. The whole of the cases which were readmitted had not been previously discharged recovered; this was the case with but 21 of them, and of these, 3 were in the Retreat in June, 1840; and of the 18 who were redischarged 14 (77·77 per cent.) were cured, 3 relieved, and 1 unrelieved. One of the three who had previously only been relieved, was, on his subsequent admission, discharged cured; another had received no benefit when again redischarged, and the third still remained in the house in June, 1840. None of those who had left unrelieved again returned to the Retreat.

Of the 16 persons readmitted, 7 (4 males and 3 females) had had one or more attacks prior to the one for which they were first admitted, and 2 of the remainder were discharged relieved only; hence, there were 7 cases of first attack of insanity in which a recurrence of the disease took place. Now, supposing we consider as " first attacks of insanity," those which were really such, and were also of not more than twelve months' duration, it is evident, by Table XVIII., that at least 28 such cases were discharged completely recovered; the proportions of readmissions after first attacks would then be exactly 1 in 4: this is, however, I am satisfied, very far below the actual liability there is, under such circumstances, to relapses; because—1stly, two other cases of recurrence of the disease have been readmitted since the period at which this report closes; 2ndly, recurrence of the disease may not take place until many years after the first attack, while of course all those which were readmitted must have been cases of subsequent attack occurring within eight or nine years at the utmost, and most of them within far shorter periods; 3rdly, on a subsequent attack the patients might be admitted into other asylums.

Hence, it is probable that at least 2 cases out of every 5, if not indeed one half, of all those who are attacked wiih insanity, will have a recurrence of the disease.

TABLE XX.

Showing the Number of Persons and Cases Re-admitted into the Retreat.

Re-admissions.	M.	F.	T.
Re-admitted, once	6	5	11
„ twice . . .	1	1	2
„ three times .	2	1	3
Persons re-admitted .	9	7	16
Cases re-admitted . .	14	10	24

TABLE XXI.

Showing the Length of Time which elapsed between the previous Discharge and the Re-admission.

Period of Time between the previous Discharge and the Re-admission.	Recovered when previously Discharged.			Relieved when previously Discharged.		
	M.	F.	T.	M.	F.	T.
Under 3 Months .	3	1	4			
From 3 to 6 . .						
„ 6 — 12 . .	3	1	4	2		2
„ 1 — 2 Years	3	5	8		1	1
„ 2 — 3 . .	1	2	3			
„ 3 — 4 . .	1		1			
„ 6 — 7 . .	1		1			
Total . .	12	9	21	2	1	3

TABLE XXII.

Showing the Number of Cases Re-admitted, *and their Condition (as regards Cure) when previously Discharged; also the Result of Treatment at the Period of their being Re-discharged.*

State at previous Discharge.	Total Re-admitted.			State when Discharged.											
				Recovered.			Relieved.			Not Relieved.			In the Retreat.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Recovered	12	9	21	8	6	14	2	1	3	1		1	1	2	3
Relieved	2	1	8	1		1				1		1		1	1
Total . . .	14	10	24	9	6	15	2	1	3	2		2	1	3	4

VIII.—DEATHS.

In calculating the proportionate number of deaths, they ought not to be compared with the number of *admissions*, but with the number of patients *discharged*, seeing that the result of treatment of those patients who are at present in the Retreat cannot be accurately foretold. Of the 172 who were discharged, 21 (15 males and 6 females) had died; this gives the centesimal proportion of 12·20 for the whole number of cases discharged; of 15·62 for the males, and of 7·89 for the females.

All cases of insanity, except idiotcy, being admitted, and none being refused on account of ill health, several patients entered the Retreat with diseases which were not only incurable, but which were likely to prove very speedily fatal; thus not only augmenting materially the proportion of deaths and diminishing those of recovery, but also making the average duration of residence of those cases which died extremely short; hence, 4 out of the 6 deaths which occurred in the females took place within a fortnight of admission, and the average period for the whole 6 cases was but twenty-five days. Of the men, too, 6 died within three weeks of admission, and on the average after a period of not more than four months' residence (Table XXIII).

The average age at which death occurred was 37·38 years; the men reaching the age of 34·33, and the women that of 44·83 years, an average difference of more than ten years in favor of the females. (See also Table XIX.)

On referring to Table XXIV., it appears that of the causes of death, 13 were affections of the nervous system, either of a chronic or acute character; of these, 2 patients were carried off by apoplexy, 2 fell victims to epilepsy (one of them during an epileptic fit), and 2 to paralysis; the 4 cases of phthisis died respectively a fortnight, a month, six weeks, and two months after admission.

The influence of the form of insanity, and of the duration of the disease, will be seen on referring to col. 6 of Tables XV. and XVII.; it may, however, be here remarked, that while in the other forms of insanity the deaths did not quite average 1 in 17 of those who were discharged; in incoherence they amounted to nearly 1 in 5; in imbecility to 1 in 3½; and in fatuity to 7 out of 9.

TABLE XXIII.

Showing the Periods after Admission when the Deaths *took place; with the Sexes of the Patients, and the Forms of Insanity under which they suffered.*

Duration of Residence.	Mania.			Monomania.			Melancholia.			Incoherence.			Imbecility.			Fatuity.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
2 Weeks or less . .	1		1		1	1							1		1	2	3	5	4	4	8
2 Weeks to 1 Month.	3		3										1		1				4		4
1 Month to 2 . . .	1	1	2							1		1					1	1	2	2	4
2 ,, 6 . . .							1		1				1		1				2		2
6 ,, 12 . . .													1		1				1		1
1 to 2 Years . . .										1		1				1		1	2		2
Total . . .	5	1	6		1	1	1		1	2		2	4		4	3	4	7	15	6	21

IX.—SUBSEQUENT HISTORY OF THOSE PATIENTS WHO HAD LEFT THE RETREAT.

As this subject is one of much importance, I endeavoured in May and June, 1841, to ascertain the then condition of those patients who had been discharged "recovered;" and have also, within the last few weeks, made renewed inquiries concerning many of them: although information could not be procured as respects the whole, yet that obtained possesses considerable interest, and the following is a summary of the results which it affords. It may here be remarked that any periods of time mentioned are always those between the last discharge of the patients from the Retreat, and that when information was last obtained respecting them:—

Of the 74 patients who were discharged completely recovered, no information has been afforded respecting 36; of the remaining 38, 33 when last heard of were living, and 5 had died. Of the former number, 21 had remained perfectly well since leaving the Retreat; the periods since their discharge up to the time when information was last obtained respecting them, varying from one to twelve years (Table XXV); 2 others presented some traces of their former disorder, or some peculiarity of manner, without, however, having had any decided attack of insanity, while 10 had had a relapse since they left the Retreat, though 4 of this number had again recovered. Of those who were dead, 3 had remained sane up to the period of their disease, 1 presented some traces of, and another had relapsed into, a state of insanity.

TABLE XXIV.

Showing the Causes of Death in those Cases which terminated Fatally in the Retreat.

Causes of Death.	M.	F.	T.
Brain, Chronic Disease of	2	2	4
„ Acute Inflammation of (one of them Meningitis)	2		2
„ Ramolissement of (Cerebellum)	1		1
Apoplexy	1	1	2
Epilepsy	2		2
Paralysis	2		2
Fever	1		1
Cholera	1		1
Phthisis	2	2	4
Asthma		1	1
Accident, in attempting to escape	1		1
Total	15	6	21

TABLE XXV.

Exhibiting the Permanency, or otherwise, of the Recovery of those Patients who, at their last Discharge from the Retreat, were cured.

Condition when last discharged.	Intervals since their last discharge to the period when information was last obtained respecting the patients—or to that of death.	Recovery Permanent.						Presenting some traces of insanity.						Relapsed.						Total Number discharged, of whom information has been obtained.		
		Living.			Dead.			Living.			Dead.			Living.			Dead.					
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Recovered.																						
Recovery complete . . .	Under one year .				1		1										1		1	2		2
	From 1 to 5 . .	3	3	6	1		1	2		2	1		1	2	3	5				9	6	15
	— 5 to 10. .	6	7	13		1	1								3	3				6	11	17
	— 10 to 12 .	2		2										2		2				4		4
		11	10	21	2	1	3	2		2	1		1	4	6	10	1		1	21	17	38
Recovery not confirmed .	— 5 to 10 .		1	1											1	1				2		2
	— 10 to 12 .	1	1	2											2	2				1	3	4
	Total . . .	12	12	24	2	1	1	2		2	1		1	4	9	13	1		1	22	22	44
		14·13·27						3·3						5·9·14								

In a former section I stated that those cases of the permanency of whose cure, when they left the establishment, I did not feel satisfied (owing to the short time they remained after convalescence was established), ought nevertheless to be considered as "recovered;" of the propriety of this remark, it is satisfactory to be assured by knowing that one half of those, respecting whom information has been obtained, have remained quite well during periods of from five to twelve years—thus indicating a proportion of relapses but little greater than those occurring amongst the patients who were discharged quite recovered; hence, of the 44 from or of whom information has been obtained, and who were discharged from the Retreat cured, 14 only had relapsed, 3 presented some traces of their disease, and 27 either remained there perfectly well or had done so to the period of their death. Moreover, it may be remarked that several of those who are leaving the Retreat, at the request of their friends, before they were cured, and who were consequently discharged only as relieved, have subsequently recovered entirely without further treatment.

In conclusion, as this report is offered merely as a contribution to the statistics of insanity, it is quite unnecessary, if indeed it would not be out of place, to enter into the minutiæ of the plan of treatment adopted; yet from the paramount importance of which I deem it, I cannot refrain from reiterating the necessity there is of attending most closely in maniacal cases to the state of the digestive organs, and by means of steady perseverance in a judicious course of medicine, dietetics, and other remedies, improving their condition and bringing up the health to the highest possible standard. With this object in view, and to have accurate daily reports of the progress of each case, separate books were kept for every patient, with columns for the different symptoms which might present themselves, for the state of the alvine and other secretions, the diet, and the medicines taken, &c., so that at a glance the state of every patient on any given day could be referred to, with the medicines prescribed and their effect. This system, which at first sight may appear somewhat difficult, but which can be worked out with the greatest ease, I have found so useful in the treatment of those who were under my care, that I would venture earnestly to recommend it to all who may have the management of the insane. But while I think thus highly of the value of medicine in these cases, let it not for a moment be supposed that I undervalue the moral treatment in this disease, for it is most assuredly of vast importance in aiding the cure of insanity. By affording amusement and occupation to the mind, by the kindest and most conciliatory treatment, and by encouraging the patients to employ themselves in such ways and undertakings as are most congenial to their temperaments and former habits, have I found the good effects of medical treatment increased, the mind diverted from the hallucinations which haunted it, and the recovery of its healthy functions materially accelerated.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JUNE 24, 1843.

There are few bounds or limits to the practice of quackery in our profession; few and vague indeed as the protections afforded to its members; constantly does it become our unpleasing task to record some new illustration of this truth, or recount cases in which by the continuance, nay the increased number of impostors, the medical profession is daily degraded and the public as constantly deceived.

It has long been customary with the vulgar to receive in the light of medical advisers the numerous class of chemists and druggists, and apparently to regard their large colored glass bottles as the evidences of qualification equalling in value and importance the license of the Royal College of Physicians or Apothecaries' Hall. Nothing loth to retain an imaginary rank, thus to a certain extent thrust upon them, have a very large number of retail druggists, both in town and country, pursued with impunity a system of dangerous, but nevertheless profitable imposition, denominated "counter practice." Some, indeed (and these are by no means few), have overstepped the bounds of the counter, and visit, prescribe for, and physic their hapless patients with an amount of unblushing effrontery which utter ignorance alone can create, regardless of their own incapacity to alleviate the sufferings of disease, and by their pecuniary extortions adding to sickness the kindred miseries of poverty.

For many years past have a considerable proportion of these persons, more particularly those who reside in the more densely populated districts, continued to ensure to themselves a good annual income, derived from the speculations made upon the health and lives of their fellow-creatures. Within a comparatively recent period, either from the long-agitated question of medical reform, the increased growth of quackery, or other causes, the public have been occasionally induced to inquire into the qualifications of medical practitioners, and have began at length to discover that a chemist and druggist is in no way connected with medical practice; as a consequence of this, several practising druggists have lost a large portion of their patients, and would ere long have been probably driven back to their proper spheres, and, in despair, have returned to their shops, preserving as some relic of their former course an occasional indulgence in "counter prescribing:" when a light broke in upon them, a new means of deceiving their patients and the public was opened to them, and the "Pharmaceutical Society," destined for a better purpose has become the means of affording an imaginary qualification to aid the purposes of the practising druggists, each of whom now hastens to paint on some conspicuous part of his house the attractive announcement that Mr. —— is a member of the "Pharmaceutical Society of Great Britain;" and, should a sceptical patient venture to question the qualification of his *soi-disant* medical attendant, the certificate of the Society, dignified with the name of diploma, is produced, and the poor sufferer, probably never having seen or known anything about medical education or collegiate rank, is satisfied; he has seen a paper with the name of Mr. ——, to which signatures are appended; all suspicion is lulled, and he remains the unconscious victim of combined ignorance and fraud. This abuse of the Pharmaceutical Society is not an unreal one; would it were so. When the society was first proposed, we were induced to believe that it would prove a source of considerable indirect advantage to the profession, and add much to the respectability of the chemists and druggists as a body.

None can more fully believe than ourselves that the individuals with whom the society originated are gentlemen of established reputation, and who have effected much good in the branch of practical chemistry to which they are devoted, nor do we think that they have been aware that amongst the candidates for admission into their lists were a number of men who sought the honorary distinction of the certificate, not with a view of enhancing their own respectability, but of injuring most materially the character of the society itself, and limiting its sphere of usefulness, by the employment of their "membership" as a means of practising upon the credulity of the public, and adding to their own pecuniary gains by degrading the body to which they belong.

The evil is still increasing, and we have at this moment before us instances in which druggists, in and about the neighbourhood of London, are at the present time pursuing extensive practices, setting forth and exhibiting as their qualification for doing so their connection with the Pharmaceutical Society.

It may be argued that the patients of such illegal practitioners should examine into and test the validity of the document exhibited to them; but how are the majority of such persons (for it is chiefly among the lower classes that druggists practise) to judge of the character of the paper before them? They are told it is a diploma, entitling its possessor to practise, and they believe it.

It is quite true that there exists a law regulating the trade of, and prohibiting from practice, chemists and druggists; but, like all other similar legal ordinances, has been and still is constantly evaded. "Be honest," says the law; "be honest," reiterates the medical profession. "Probitas laudatur, et alget," returns the druggist, and, acting in accordance with an aphorism the truth of which medical men themselves have too often experienced in this age of quackery and imposture, he solaces himself with the reflection that he is not worse than others, and soon determines to continue in the course he has adopted. In vain may medical men call for assistance from the law, in vain may they appeal to the authorities of the examining boards from which they received their qualifications for practice—there is no power to aid them, and the only alternative left is, to bear with an injury for a time, until the increased amount of protection very soon, we trust, to be afforded, will enable them to successfully combat quackery in all its varied forms.

Believing, as we really do, that the Pharmaceutical Society may, under proper guidance, be eventually productive of much good, it is with regret that we find it thus grossly abused, and the intentions of its founders disgracefully prostituted. By ensuring to the chemist and druggist a better education, and by making him, by attendance on certain lectures—as, for example, those on materia medica, chemistry, and botany—acquainted with the nature of the chemical characters of the drugs he is called upon to compound, much good will eventually result. Already, indeed, are we indebted for some of the valuable and more elegant phamaceutical preparations to the labors of some of its members, and it behoves the authorities of the society that they should maintain the respectability of their body, by excluding from their ranks all such persons as those to whom we have alluded, and directing, so far as they are able, their efforts to detect and expose those of their members who usurp the duties of the medical practitioner, not only by the system of counter practice, but also that of visiting and attending patients at their own homes.

The Pharmaceutical Society is, in fact, called upon to do this. Placed at the head of a very numerous class, and making laws for their guidance, it is most essential that they, by the employment of the best means within their power, prevent the extension of a nefarious system, alike degrading the body to which they belong, injuring materially the medical profession, and wrecking a fearful amount of mischief upon the public. Enjoying, as the authorities of the Pharmaceutical Society do, a high reputation in their peculiar department, and being, to a certain extent at least, responsible for the acts of their members, they are called upon to do so. As such, it is their right; as honest men, it is their duty.

SOUTH WESTERN BRANCH
OF THE
PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

ANNUAL MEETING.

In the absence of the President, (Dr. MILLER), Dr. PENNELL took the Chair.

Present Members.—Ackland, Wm., Esq., Bideford; Appleton, H., Esq., Mary Church; Atkins, Alfred, Esq., Paignton; Ayshford, G. R., Esq., Broadclist; Baller, J. H., Esq., Bideford; Barnes, S., Esq., Exeter; Barry, J. M., M.D., Totnes; Bartlett, J. B., Esq., Teignmouth; Battersby, T., M.D., Torquay; Besly, W. H., Esq., Exeter; Bellamy, P. F., Esq., Plymouth; Black, Glass, M.D., Exmouth; Blackall, J., M.D., Exeter; Body, J., Esq., Cheriton Fitzpaine; Bond, W. Y., Esq., Newton Bushell; Brown, T. L., Esq., Broadclist; Brown, S., Esq., Shillingford, near Exeter; Budd, S., M.D., Exeter; Burrough, R. F., Esq., Dartmouth; Butter, J., M.D., Plymouth; Caddy, E. H., Esq., Great Torrington; Caird, Wm., Esq., Exeter; Cann, Wm. M., Esq., Dawlish; Cann, Thomas, Esq., Seaton; Cartwright, H., M.D., Torquay; Cartwright, W. A., Esq., Teignmouth; Cleeve, F. A., Esq., Bradninch; Collyns, Wm., Esq., Kenton; Cooke, W. O., Esq., Bideford; Cookworthy, J. C., M.D., Plymouth; Cowper, Thos., Esq., Exeter;

Croker, J. G., M.D., Bovey Tracey; Crosse, Thos., Esq., Thorverton; Cumming, A. J., Esq., Exeter; Cullen, W. H., Esq., Sidmouth; Davy, J. C., Esq., Chumleigh; Davy, T., Esq., Ottery St. Mary; Day, J. N., Esq., Kenton; De la Garde, P. C., Esq., Exeter; Derry, John, Esq., Totnes; Devenish, S., Esq., Honiton; Edwards, J., Esq., Bampton; Edye, J., Esq., Exeter; Elliot, W. H., M.D., Mount Radford; Empson, Edwin, Esq., Crediton; Empson, Wm., Esq., Clist Hydon; Feild, J. J., M.D., Torquay; Ford, W. C., Esq., Kingsbridge; Fuge, J. H., Esq., Plymouth; Gabriel, Wm., Esq., Cullompton; Garside, J., Esq., Dawlish; Gillard, Wm., Esq., Totnes; Gillard, F. J., Esq., Newton; Graham, E. S., M.D., 4th Light Dragoons, Exeter; Goodridge, J.I., Esq., Paignton; Haley, P. F., Esq., Witheridge; Hall, Thos., Esq., Woodbury; Hallett, C., Esq., Axminster; Harris, J. W., Esq., Exeter; Hodge, Thos., Esq., Sidmouth; Hogg, H. Lee, Esq., Topsham; Hunter, T., Esq., Budleigh Salterton; James, J.H., Esq., Exeter; Jerrard, J. C., Esq., Honiton; Jeffrey, J. D., Esq., Sidmouth; Joce, J., Esq., Swimbridge, Barnstaple; Jolley, W. R., Esq., Torquay; Justice, C., Esq., Cullompton; Kane, Wm., Esq., Exmouth; Kempe, A., Esq., Exeter; Kingdon, W. D., M.D., Exeter; Knighton, J. F., Esq., Dawlish; Land, Wm., Esq., Exeter; Lang, J., M.D., Torquay; Langdon, Thos., Esq., Bampton; Ley, Richard, Esq., Northmolton; Ludlow, S., Esq., Exeter; Mackensie, F., Esq., Tiverton; Marsden, J., M.D., Exeter; Maunder, W. H., Esq., Cullompton; Merry, W. H., Esq., Broadclist; Miles., E. M., M.D., Heavitree; Miller, Patrick, M.D., Exeter; Mogridge, J., Esq., Bovey Tracey; Norris, T. G., Esq., Exeter; Nosworthy, J. L., Esq., Moreton; Owen, George, Esq., Dolton; Parker, J. B., Esq., Exeter; Pennell, R. L., M.D., Exeter; Phillips, L. P., M.D., Torquay; Ponsford, J., Esq., Moreton; Price, R. C., Esq., Lympstone; Pridham, E. P., Esq., Exeter; Pridham, T., Esq. Bideford; Puddicombe, E., Esq., Silverton; Rich, J., Esq., Churchinford, near Taunton; Rattenbury, Wm., Esq., Plymouth; Scarborough, J. L., Esq., Shaldon; Shapter, T., M.D., Exeter; Slater, C. P., M.D., Teignmouth; Smith, T. M., Esq., Bideford; Smith, R. T., Esq., Uffculm; Southcomb, W. T., Esq., Southmolton; Spettigue, J., Esq., Exmouth; Square, W. J., Esq., Plymouth; Stewart, Z. R., Esq., Torquay; Swaine, P. W., Esq., Devonport; Symes, J. F., Esq., Axminster; Tetley, J., M.D.; Torquay; Tinney, W. S., Esq., Ottery St. Mary; Toogood, Baruch, Esq., Torquay; Tothill, T. C., Esq., Topsham; Torr, T. B., Esq., Barnstaple; Trevor, Wm., Esq., Dulverton; Trewman, R. G., Esq., Hutherleigh; Tucker, J., Esq., Exeter; Walker, D. G., Esq., Budleigh Salterton; Waters, Allan, Esq., Exmouth; Webb, C. K., Esq., Exeter; Wreford, S., Esq., Ottery St. Mary; Woodman, Wm., Esq., Exeter; Wynter, Thos., Esq., King's Tamerton, Plymouth; Yarde, Ed., M.D., Crediton.

REPORT OF THE DISTRICT COUNCIL.

The council congratulate the members on being able to state that the important objects for which this society was founded are gradually becoming appreciated by the profession, which conclusion they draw from the increased number of members, now amounting to 120; and they feel assured that an impartial consideration of its claims to the countenance and support of the profession will still augment the list of subscribers.

It is not necessary, on the present occasion, to enter into any detail of its advantages; but it may be allowable to state generally, that the useful information which, by the instrumentality of this society, is obtained, by the communication of cases occurring in hospitals and private practice, the increased attention which it has been the means of directing to medical topography, thus tracing the connection of disease with peculiarities of situation, soil, and climate, and also with the various occupations of our population, and lastly, the great benefit which results from its promoting free intercourse and communication between the members, whereby good and kind feelings may be encouraged, our various duties defined, and our rights and privileges declared and supported.

The council regret that it is not in their power to speak in a similar tone of congratulation on the subject of the benevolent fund, which, though not an essential branch of the society, yet still is so connected with the best interests of the profession, that it is earnestly to be hoped that the list of its supporters will be much increased. Surely the reflection that, by a small annual contribution from each member, many a respectable practitioner may, by timely assistance, be rescued from distress and difficulty, occasioned by ill health, or other misfortune over which he has no control, and also that, in the event of his death, his widow and children may expect to obtain assistance, will incline members to give greater and more general support to this philanthropic and Christian institution. In addition to this, we must bear in mind that, however prosperous we may be in our various schemes and pursuits, the time may arrive when we may be glad to avail ourselves of assistance from this source, in consequence of the numerous vicissitudes of life, and, in that event, the consciousness of having contributed to the support of this fund will lessen the pain of seeking its aid in our hour of need.

The number of subscribers at present is only ten.

The society has to lament the death of Dr. Scully, of Torquay, and of Mr. Macdonald, of Tiverton, both of whom were members.

It has been suggested that occasional meetings of members would be desirable, for the purpose of professional discussion, and also of exhibiting pathological specimens, and it is thought that a room for the occasion may be readily procured, without entailing any charge of consequence to the society.

The report of the council having been read, adopted, and received, it was proposed by Mr. Barnes, and seconded by Mr. Pridham, "That Plymouth be the place of meeting for 1844."

It was proposed by Mr. De la Garde, and seconded by Mr. Gillard, "That Dr. Cookworthy, of Plymouth, be elected president for the year next ensuing."

It was proposed by Dr. Black, and seconded by Mr. Norris, "That Dr. Shapter be re-elected secretary."

It was proposed by Mr. Edye, and seconded by Dr. Kingdon, "That the council be re-elected." (Mr. Pridham proposed, and Mr. Wreford seconded, an amendment, "That the number of the council be limited to twenty-four." The original motion was carried.)

Mr. De la Garde gave notice he should move, at the next general meeting, "That the council consist of fifteen members—that one-third of this number retire annually in rotation, but that those so retiring be eligible for re-election."

Mr. Wreford detailed a case of "colica pictonum," the particulars of which will appear in a subsequent number of the Provincial Medical Journal.

Dr. Black proposed, seconded by Mr. Gillard, "That the members of the South Western Branch of the Provincial Medical and Surgical Association be recommended not to answer the queries submitted to them by insurance companies, on proposals for life policies, without a remunerating fee."

This motion excited a lengthened discussion, in the course of which several amendments were proposed. Finally, however, the original motion was carried; upon which Mr. De la Garde gave notice that, at the next annual meeting, he should propose—"It be recommended to the members of this association not to give any attestation or answer to inquiries made by assurance offices, because the so doing, in many cases, involves a communication of facts given in confidence, and without a consciousness of their importance, during professional intercourse, because it renders the medical man responsible, and because experience proves that no detriment results to those about to insure, as the offices give up the point when they cannot obtain an acquiescence."

Dr. Kingdon exhibited some preparations of the iodide and biniodide of quina, which he had succeeded in making. His attention having been frequently drawn to the beneficial effects of quinine in various diseases where a tonic was required, and where at the same time an absorbent would be useful, he endeavoured to form a preparation combining both qualities, and, as far as he could judge, had fully succeeded. The first preparation, which he termed the iodide of quinine, was formed by dissolving equal weights of the disulphate of quinine and iodide of potassium in boiling distilled water, and allowing the mixture to cool, when beautiful fasciculi of needle-shaped crystals are deposited, insoluble in cold water, soluble in alcohol. That which he named the biniodide of quinine was prepared by mixing twice the weight of iodide of potassium with the disulphate of quinine in boiling distilled water, evaporating to one-third in a sand bath, and allowing the residue to cool, when a resinous substance is deposited of a light straw color, which, by exposure to the air, becomes darker and of a greenish hue, not crystallisable, sparingly soluble in cold water, soluble in boiling water, readily soluble in alcohol, and then not precipitated when mixed with water. This preparation he has given in several cases of scrofulous enlargement of the glands with very great benefit. In the case of a child, between three and four years of age, when the glands of the neck were in a state of suppuration, half a grain twice a-day was exhibited, and at the end of six weeks the swellings were entirely removed, and the general health much improved.

At five o'clock thirty of the members sat down to dinner, at Pratt's, Old London Inn, Dr. Pennell in the chair, supported on the right by Mr. James, President of the Association, Dr. Graham, Mr. De La Garde, &c.; on the left by Mr. Barnes, Mr. Pridham, Mr. Hunter, &c.

Mr. Collyns, of Kenton, sat as vice-president.

After the cloth was removed, some mention was made of the desirableness of having quarterly meetings for pathological and other professional purposes, and it was proposed that the council should consider the matter, and, if found practicable, make the necessary arrangements.

THE GERMAN DIPLOMA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I am induced to trouble you with a few remarks on German degrees in medicine, a subject to which you have lately directed the attention of the profession. Abstractedly considered, I think you will agree with me that there is no discredit or dishonor connected with the possession of a diploma emanating from universities governed by men of such eminence as many of our continental brethren; the character of the diploma depends, therefore, upon the mode in which it is sought and obtained. Certain it is that foreign medical degrees are granted, and freely too, to persons possessing no medical qualification or proficiency, the only consideration being the payment of a certain sum of money. Now I would ask, how is this indiscriminate sale and distribution of their diplomas compatible with the high character and professional zeal of many of the professors connected with the German universities? In our own country, the heads of our profession would be considered incapable of stooping to such traffic. Is it not probable that they are misinformed or deceived as to the qualification of candidates, and, not suspecting us of employing dishonest means, grant their diplomas on false representations of proficiency in medical knowledge? But German diplomas are obtained also by *legally qualified* practitioners in this country; and why should it be a disgrace to a person who has been pronounced, by perhaps two or more competent examining bodies, capable of practising the different branches of his profession, who has afterwards been engaged for years in active duty, and who is desirous of possessing a degree in medicine, to seek it where alone he can obtain it? If a foreign university be liberal enough to grant its diploma to those who can produce evidence of having satisfied the judges of medical qualification in their own country as to professional education and acquirements, I do not see why it should be blamed for so doing; and if it be asked why persons of this description should seek a foreign degree, when an English or Scotch diploma is more honorable to its possessor, I answer, because to persons much engaged in practice these are unattainable. For reasons of a private nature, which it would be uninteresting and useless to describe, I much wished to obtain the degree of doctor of medicine. I had passed Apothecaries' Hall and the London College of Surgeons, and have since been extensively engaged for years in general practice; I was unable to leave my practice for residence at a university, which excluded me from Oxford, Cambridge, or Edinburgh; it was necessary for me to continue for the present my *general* practice, which would not have been allowed if I had become a licentiate of the London College of Physicians; I made several applications to the London University, but found I could not be admitted to examination for the degree of M.D. without first passing both the examinations for bachelor of medicine, which require an amount of knowledge in chemical manipulations, botany, natural history, minute anatomy, and physiology, &c., which would almost necessarily exclude any person long engaged in practice, however high his attainments in the more strictly medical and practical departments of his profession. I therefore forwarded attested copies of my certificates of education, surgical diploma, and apothecary's license, to a German university, and received in return the degree of doctor of medicine and surgery, "the degree in surgery being granted in addition on account of the strong testimonials produced."

I cannot consider the possession of a diploma so obtained as any disgrace, discredit, or dishonor. Unless greater facilities be offered at home, foreign degrees in medicine must and will be tolerated; nor would this be objectionable if they were disallowed as qualifications for practice where no other proof of competency can be produced.

I hope, through your efforts in directing attention to this subject, there may be a chance either of enhancing the value of foreign medical degrees held by regularly qualified practitioners, or of removing the necessity for applying for them, which now in certain instances appears to exist. For the former purpose, I would suggest that all parties who have become possessed of foreign diplomas in a proper manner, should make the professors of medicine of their several universities acquainted with the disgraceful mode in which their diplomas are sometimes obtained, and append a request that such universities may be relieved from the opprobrium attached to them in this country, by their refusing them in future to all who cannot produce substantial proofs of qualification, either personally or from other examining bodies. For the latter purpose, by far the more desirable, because more secure against fraud or imposition, I should be glad to find that our own universities, or at least the London, should offer an examination less stringent in elementary and collateral knowledge, but equally strict, or more so, on practical points than at present, for the benefit or convenience of those who have been long engaged in the practice of their art. It seems unreasonable to consider the same examination appropriate for a person advanced in practical experience, and for a student fresh from the laboratory and dissecting-room; and still more so to offer the former the degree of doctor of medicine only upon condition of his undergoing examinations in elementary knowledge, which, if he be a member of the Hall and College, he can easily prove himself to have been sufficiently conversant with, by producing his license and diploma.

I have the honor to remain, Gentlemen,

Your obedient servant,

A GENERAL PRACTITIONER.

June 1, 1843.

BLOOD CORPUSCLES AND SPERMATOZOA OF THE CAMELIDÆ.

After M. Mandl had discovered the elliptical form of the blood discs of the dromedary *(camelus dromedarius)* and paco *(auchenia paco)*, Mr. Gulliver found the same form[*] in the blood discs of the vicugna *(auchenia vicugna)* and llama *(auchenia glama)*. To complete the history of the blood discs of the camelidæ, it only remained, therefore, to examine the red particles of the camel *(camelus Bactrianus)*; and the following measurements of the blood discs of this animal are extracted from a paper by Mr. Gulliver, recently published in the Proceedings of the Zoological Society of London, part X, page 191:—

Long Diameter.	Short Diameter.
1-3555	1-6000
1-3000	1-8000
1-4000	1-4572
1-3123	1-5876

Hence the blood corpuscles of the Bactrian camel, like those of its congeners, are oval; and this form, we believe, has not yet been found in the corpuscles of any other mammiferous animal. The circumstance is the more remarkable, since Mr. Gulliver's former observations[†] have shown that the blood discs of the marsupial mammalia have the circular figure common to the red particles of mammalia generally.

The above measurements are given in vulgar fractions of an English inch; and the numbers beneath the lines are averages estimated from the preceding observations.

Spermatozoa of the Camel.—At the meeting of the Zoological Society, April 11th, 1843, Mr. Gulliver read a description of the spermatozoa of the camel, agreeing with that which he formerly gave of the spermatozoa of the dromedary (Proc. Zool. Soc., part X, 1842, p. 101)—viz., that they are of the same type as the corresponding animalcules of other mammalia. Although, therefore, there is a singular correspondence of form between the blood discs of the camelidæ and the blood discs of the oviparous vertebrate animals, there is no such resemblance in the spermatozoa.

NEW LIMITS FOR THE PERIOD OF LACTATION.

Dr. Loudon, in a recently published work on population, has named the period of three years as that during which the infant should receive its nourishment by lactation. His argument is the following:—"Of all mammiferæ, none is so long as man in being able to sustain itself upon its legs, in reaching the age of puberty and adult age, and, taking his size into consideration, none is endowed with a longevity comparable with his. Man is completely developed at 21; few men have lived till 150. Now, if we divide the first number by 7, and the second by 49, we shall find that the period of lactation for the human race ought to be three years.

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[*] See Appendix to Gerber's Anatomy, p. 10 and 43.

[†] See Dublin Medical Press, Nov. 27, 1839, p. 339; and Wagner's Physiology, by Dr. Willis, part II, p. 234, *note*.

DIAGNOSTIC SIGN OF DISLOCATION OF THE THIGH-BONE INTO THE ISCHIATIC NOTCH.

Mr. Syme has recently narrated, in the "London and Edinburgh Monthly Journal," a case where the occurrence of the dislocation was determined by the presence of a particular sign, which appears to be of much importance in the diagnosis of a dislocation which Sir Astley Cooper has described as "the most difficult both to detect and reduce." There is less deformity and fixture of the limb than in any other of the displacements of the thigh-bone. "This obscurity (says Mr. Syme) is much increased by attempts to effect reduction, since a moderate degree of extension almost entirely removes the shortening and inversion, which are usually considered the most characteristic symptoms. I think it, therefore, of consequence to state, that there is another feature of the injury which, according to my experience, is never absent—always well marked—and not met with in any other injury of the hip-joint, whether dislocation, fracture, or bruise. This is an arched form of the lumbar part of the spine, which cannot be straightened so long as the thigh is straight, or in a line with the patient's trunk. When the limb is raised or bent upwards upon the pelvis, the back rests flat upon the bed; but so soon as the limb is allowed to descend, the back becomes arched as before. By attention to this symptom, I have been enabled to recognise the existence of dislocation into the ischiatic notch, when it had been unnoticed by others; and, on one occasion, when it was supposed that the replacement had been effected through powerful extension by the pulleys."

POISONING BY COLCHICUM.

The following interesting case has been related by Dr. A. T. Thomson:—An Irish laborer, of previous good health, was attacked with rheumatism, for the relief of which the following prescription was ordered:—

Solution of sulphate of magnesia, two ounces and a half;
Tincture of colchicum, six drachms;
Water, seven ounces. Mix. Two tablespoonfuls to be taken every sixth hour.

The prescription was prepared by a young boy, and it is presumed that a larger quantity of colchicum was added than that ordered in the prescription.

Shortly after the first dose vomiting occurred, increasing after the second had been given; after the third, profuse epistaxis took place, strength declined, skin became hot and covered with moisture, vomiting persisted, and purging was then added to the other symptoms. Towards morning he became insensible. On the following day he was seen by his medical attendant, who, ignorant of the effects already produced, ordered a repetition of the mixture; a fourth dose was accordingly taken. Soon all his previous symptoms recurred with increased violence, and delirium set in. During the whole of that and part of the following day the medicine was continued; he took no food, but drank copiously of cider. On the evening of that day epistaxis again took place; he sat up in bed, reclining against the wall; mouth open; eyes staring and full; conjunctiva congested; pupils dilated; fæces passed involuntarily; pain in the right hypochondrium increased by pressure; pulse 170, full, bounding, and incompressible; respiration short and hurried. Blood-letting was practised; carbonate of potash in effervescence, with liquor opii, were employed with relief; infusion of cinchona, with carefully regulated support, were had recourse to, and with temporary advantage; but three days afterwards the patient sank; wild delirium, succeeded by coma, ushering in the fatal termination.

Sectio Cadaveris, Forty-two Hours after Death.

The body was that of a powerful well-formed man, with a profusion of hair on his breast. The whole of the surface was strikingly yellow; the teeth were closely pressed together; the pupil of the eyes thrown upwards; and the countenance was expressive of great suffering.

The skull-cap adhered very firmly, and was extremely thick, measuring fully one-third of an inch in thickness. The dura mater was natural, but it adhered very firmly to the bone; it was not at all congested. The arachnoid was opaque in several parts, and, when elevated by blowing air under it, it displayed the vessels preternaturally turgid with bright arterial blood. In other respects the meninges were healthy, as was also the substance of the brain and spinal cord. The large arteries of the cerebrum were completely empty; and the choriod plexus unusually pale. The neck was injected with fluid venous blood, as was also the trachea and its mucous membrane. The muscles of the thorax, however, were particularly destitute of blood; the fat covering them was abundant; and the connecting cellular tissue was very easily lacerated. The vessels of the mediastinum, and those of the costal and pulmonary pleura, were much congested. Each pleural sac contained about a pint of sanious lymph; but the lungs were free from adhesions, either recent or old. The lower lobes on both sides were greatly indurated, and in some places they presented the appearance of pulmonary apoplexy; but, although they were thus gorged, they floated when removed from the body and placed on water. The pericardium contained about one ounce and a half of clear lymph. The heart was large, flaccid, easily lacerated, and of a dark color, and adhered to the finger when torn by it. The coronary vessels were empty, as were all the cavities of the heart, except the left ventricle, which contained a florid coagulum, interwoven with the auriculo-ventricular valve. The lining membrane of the aorta was red and congested.

On opening the abdomen, the peritoneum was found to be healthy; the spleen large but firm; and the pancreas, kidneys, and bladder healthy. The liver was larger than usual, and contained several granulated tubercles; the gall bladder was tinged with bile. On cutting into the liver it presented a peculiar appearance—namely, small triangular points, surrounded by greenish colored bands or lines. The veins were turgid with black blood. Some of the masses seemed to be passing into suppuration. On opening the stomach, and slitting up the intestinal canal, the mucous membrane was natural as far as the colon, where it presented a slimy appearance, mixed with grumous blood. The blood in the vena cava was fluid.

During the subsequent treatment of the case, it was discovered that the quantity of six *drachms* of tincture of colchicum had been so written that it might be read as six *ounces*, and on inquiry it was proved that the latter quantity had actually been added to the mixture by the dispenser.—*Abridged from Lond. and Edin. Monthly Journ.*

MERCURIAL TREATMENT OF TYPHUS FEVER.

Are we to have recourse to mercury, or not, in typhus? I do not allude here to its use as an aperient, but, when called to treat a case of fever, are you to proceed at once to bring the patient's system under the influence of mercury? Are you, in addition to the other measures usually adopted in the treatment of fever, to go on with the administration of mercury until you affect the mouth, and bring on salivation? This was the practice in my earlier days, and great confidence was placed in it by the majority of practitioners. It has also been very extensively recommended by army and navy surgeons in the treatment of tropical fevers, but I must confess that I am not at all inclined to adopt this practice, and that I have seen abundant reasons why I should neither employ nor recommend it. In the first place, we have observed in our wards that patients with other diseases have frequently caught fever from exposure to infection at a time when they were fully under the influence of mercury. In the next place, we have observed that persons who were thus attacked with fever while in a state of salivation did not escape better than others, and in them the disease ran its full course, aggravated rather than diminished in its danger by the pre-existing mercurialisation. These facts I have frequently seen verified in hospital and private practice. You perceive, then, that mercurialisation neither protects a man from the contagion of typhus, nor does it produce a favorable modification in its type or progress. Again, I have repeatedly witnessed the daily and continued exhibition of mercury in fever, and I cannot recollect a single case in which it appeared to check the disease, moderate its symptoms, or bring about a favorable crisis. I am aware that, in entering my protest against this practice, I dissent from a very considerable body of my brethren, who, from the beginning to the end of fever, never cease in their attempts to bring the patient's system under the influence of mercury. I am convinced that, in the cases in which recovery is stated to have followed this practice, the *post hoc* has been mistaken for the *propter hoc*. Besides, fever is one of those affections in which you will find it extremely difficult, and often impossible, to bring the system fully under the influence of mercury. There are certain states of the system which prevents altogether the full operation of mercury, and bad typhus is one of these states. Where fever has laid deep hold of the constitution, you cannot affect it with mercury. When a patient recovers who has been mercurialised during the course of fever, he does not recover because his system came under the influence of mercury, but he comes under the influence of mercury because he recovers from the fever. Add to this that mercury is a remedy which requires a peculiar regimen, and that it is very apt to engross the practitioner's attention, and prevent him from the exhibition of remedies which are more directly indicated, and in reality more useful. These considerations, and others, have convinced me that the exhibition of mercury in fever, with the view of touching the gums, is injudicious and unnecessary.—*Dr. Graves' System of Clinical Medicine.*

DISEASE OF THE PROSTATE GLAND.—PROSTATIC CALCULI IN THE BLADDER.

Mr. Smith related, at a meeting of the Pathological Society, the following case:—

A man, aged sixty, lately died, who had suffered from severe and repeated attacks of gonorrhœa; the last occurred two years before his death, and was followed by great irritability of the neck of the bladder, with diminution of the size of the stream of urine; the quantity passed at each evacuation was much less than natural. About ten months before his admission into hospital, he first observed that small round calculi came away with the urine, and passed through the catheter every time the instrument was passed; at the time of his admission into the hospital, the prominent symptoms in his case were—constant desire to pass water; severe straining; pain in the vesicial region and along the urethra; the urine was dark and fœtid, he could only void it through the catheter, and every time the instrument was introduced, numbers of small calculi escaped through it, rattling against the bottom of the urinal; his pulse was 100. Five days after his admission stillicidum urinæ occurred, together with ardor urinæ and severe vomiting; these symptoms were followed by sinking of the pulse, diminution of the temperature of the surface of the body, and depression of the countenance; the tongue became dry and brown; then singultus set in, and he died five days after the occurrence of the stillicidum.

Autopsia.

Enlargement of the lateral and middle lobes of the prostate gland; a vast number of calculi existed in the bladder, they were white and round, and varying in size from that of a grain of mustard seed to that of a pea, one was as large as a small marble, the urethra was nearly filled by them, a great number were contained in pouches formed in the substance of the prostate. Independent of those voided with the urine during life, 1032 of these calculi were found; the bladder was somewhat larger than natural, its mucous membrane was of a slate color, mottled with red; the ureters were dilated; the lining membrane of the pelvis and calyces of the kidneys very vascular, and the surface of these organs presented a granular appearance.—*Dub. Med. Journ.*

UREA DISCOVERED IN THE BLOOD DURING THE EXISTENCE OF PULMONIC INFLAMMATION.

Dr. F. Simon, having taken the coagula afforded by six bleedings performed upon males and females laboring under inflammation of the lungs, with a view of procuring a quantity of hæmato-globuline, found that, by the action of alcohol, &c., and, finally, the addition of nitric acid to the alcoholic extract, and desiccation under the air-pump, he procured a crop of crystals, which, under the microscope, presented themselves as an aggregate of rhombic tables, and which he discovered to be the nitrate of urea.—*Müller's Archiv.*

IDENTITY OF SMALL-POX AND COW-POCK.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—In the two last numbers of the "Lancet," I observe reports of cases of small-pox occurring simultaneously with the vaccine disease. Some fifteen years since, my attention was strongly excited by the occurrence of a similar case, which terminated fatally in my own practice. Since then I have met with several cases of what is usually called modified small-pox, running its course concurrently with the vaccine disease, and from which the patients completely recovered. Now, I think it important to inquire whether in these cases the small-pox, be it severe or modified, is not attributable to the operation of vaccination. If I understand the gentlemen who have reported these cases, the two diseases (if such they really are), are to be considered as merely coincident and not dependent upon a common cause. I submit, however, whether it would not be more correct to regard the small-pox, or rather the compound disease, as having been originated by the vaccination, and, if such be the case, it adds weight to Jenner's opinion, confirmed as it is by Mr. Ceely's experiments, that the two are identical diseases.

I am, Gentlemen,
Your obedient Servant,
Manchester, June 20, 1843. JOHN WALKER.

SIR JAMES GRAHAM'S BILL.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Is Sir James Graham's Bill concealed so long in order that the Provincial Medical Association may not have an opportunity of discussing it at their ensuing meeting? There is a degree of concealment about it that leads many to suppose that it will be unsatisfactory to the general practitioners—in other words, to the bulk of the profession. I hope that due time will be allowed by Sir James Graham for the consideration of the measure by those whom it will chiefly affect.

You will oblige me by giving this note a corner in your Journal, where it will meet the eyes of the fifteen hundred members of the Provincial Medical Association, some of whom may be able to throw some light on the matter. P.

SPERMATOZOA IN THE FLUID OF HYDROCELE.

In a communication made at the last meeting of the Medico-Chirurgical Society, by Mr. Lloyd, of St. Bartholomew's Hospital, the author stated that, in two cases of common hydrocele in which he microscopically examined the fluid withdrawn by tapping, he found numerous spermatozoa. The first case occurred in the early part of last winter. Subsequently to that, in the course of a few weeks, he examined the fluid in four other cases, but did not find any animalcules in them. Three months ago the second case occurred, the patient was sixty-three years of age, and had been previously operated upon for hydrocele about fifteen times. Sixteen ounces of a greenish-yellow fluid, so albuminous as to be quite adhesive, were drawn off. The author counted forty of these microscopical beings in one drop of the fluid. Some of the animalcules were observed to retain their power of motion for three hours after the fluid had been withdrawn. Blood globules, transparent cysts, and small granules, with portions of epithelium, or what much resembled it, were likewise found in the fluid. The authors had lately examined the fluid in other cases of hydrocele, but had not met with spermatozoa in any of them.

FREQUENCY OF SECOND ATTACKS OF VARIOLA.

From observations made in 1,500 cases of small-pox, M. Serres has arrived at the conclusion that secondary attacks of that disease are as common after variola itself as after vaccination, and he believes that vaccination has simply the effect of preventing a first attack of small-pox, being merely of the same efficacy in that respect as an attack of the disease itself.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, June 16, 1843.

John Baxter Langley, Edmund Bullock, John Hooper, Patrick Mc Intyre, Henry Nathan, Samuel Milnes Marshall, George Royde, Thomas Leaman Henley, John Warwick, John Duke, Abraham Kidd.

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TO CORRESPONDENTS.

Press of matter obliges us to defer the publication of *Dr. Martin H. Lynch's* paper until next week.

Received communications from *Chirurgus* and *Mr. Bree* (Stowmarket).

Mr. King's case of hydatids in our next.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND. LETTERS AND COMMUNICATIONS, TO DR. HENNIS GREEN, 58, MARGARET STREET, CAVENDISH SQUARE, LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION, TO DR. STREETEN, WORCESTER.

Printed by SAMUEL TAYLOR, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand;
and Published by HENRY RENSHAW at his residence, No. 356, Strand.—Saturday, June 24, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 144.] LONDON, SATURDAY, JULY 1, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES ON VENEREAL AFFECTIONS DELIVERED AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE VIII.

May 16, 1843.

Epididymitis—Causes—Theory of metastases—Mechanical causes—Symptoms—Causes of error attending the diagnosis—Effusion—Complications and treatment of epididymitis—Œdema—Phlegmon—Orchitis—Symptoms—Treatment—Prophylaxis—Therapeutic treatment of the acute stage——Treatment of the chronic stage—Mechanical applications—Bandages, &c.—Treatment by compression.

Gentlemen,—The disease which shall this day occupy our attention has been known under the several denominations of "venereal testis," "tumeur vénérienne des bourses," "hernia humoralis," "orchite blenorrhagique," "orchite urétrale" (Velpeau), "hydrorchite," "vaginalite blenorrhagique" (Rochoux). Most surgeons call it "venereal inflammation of the testis."

B. Bell, Sir A. Cooper, and others, have given most lucid descriptions of this malady; and it is truly surprising that, after their labors have thrown so much light on the subject, it still should be misunderstood by men of merit—as, for instance, Dr. Desruelles.

I am, Gentlemen, not fond of changing the generally received denominations of any disease. When, however, an alteration of this kind does not break too suddenly upon the public—when it tends to correct an erroneous impression conveyed to a name improperly applied—when its object is to render the physician more cautious in treatment, more guarded in his prognosis, and more minute in his investigation—then, indeed, I approve highly of a modification of the nomenclature. In no instance is a change of appellation so advantageous as in the present case, and I will, in compliance with what is rapidly becoming the general custom, call the disease, which is the subject of this lecture,

Epididymitis.

Gonorrhœa may be properly looked upon as a special, if not a specific, cause of epididymitis. Most writers believe it is generally induced by the "virulent" form of blenorrhagia; in this I cannot agree. Virulent gonorrhœa is merely "chancre in the urethra," and, uncomplicated with simple inflammation of the duct, will seldom, if ever, cause epididymitis. In some few cases the discharge appears to have ceased some time; in most the disease occurs very shortly after clap.

Can epididymitis precede the discharge? We have said that gonorrhœa may begin in the posterior region of the duct; hence, epididymitis may show itself before the blenorrhagic running, but, in point of fact, the urethral irritation must necessarily pre-exist.

This inflammation is generally observed after the second week, and may arise at any time between the second and sixth week of the duration of a discharge. When it complicates at a late period of the existence of clap—*i. e.*, several months—it not unfrequently coincides with organic change in the urethra, and, in such case, stricture is commonly detected.

Dr. Lagneau, and, indeed, most surgical writers, believe epididymitis to be a metastatic result of the imprudent suppression of gonorrhœa. I believe that here the generally received doctrine is at fault. Examine the patients, question them closely yourselves, Gentlemen, and you will find that popular opinion has been, in this matter, strangely misled. You will find that, in three-fourths of the cases, no treatment whatever had been applied to the running (which, therefore, has not been *imprudently stopped*); and again, that, in most instances, the discharge diminishes or ceases only *after* epididymitis has become manifest—a complete demonstration that the testicular inflammation is not due to a supposed metastasis, but merely to extension of the urethral irritation; at the same time, a balance of morbid action takes place between the epididymis and urethra, the more violent inflammation of the two inducing a corresponding diminution in the other, agreeably to the old Hippocratic aphorism,

> "Duobus doloribus simul obortis, vehementior obscurat alterum."

Alone, without any accidental circumstance to assist its influence, urethritis may certainly cause epididymitis. In most cases, however, fortuitous occurrences combine with gonorrhœa to bring on the disease. As such, we shall notice intemperance, protracted exercise, riding, muscular efforts of a violent nature, seminal loss, self-pollution, and sexual intercourse during the declining stage of gonorrhœa. Relaxation of the scrotum, varicocele, an unusual length of the spermatic cord, costiveness, a disposition to hæmorrhoids, all interfering more or less with the freedom of venous circulation in the organs, have also a marked share in the production of the disease.

Calculus or stricture, more especially if requiring the introduction of instruments, may give rise to it. Badly made injections, the action of cold air on the scrotum, an external injury on the testis, the pressure of an inguinal truss, may occasion it; and it will be more likely to occur in patients of a lymphatic, tubercular, or scrofulous habit, or in those who have already been affected in the same manner.

In general the disease occupies one side only, but sometimes both; and in such cases the testes are often alternately affected, and present, in turn, remissions and exacerbations of inflammatory symptoms. Both organs may simultaneously, and to the same degree, become the seat of the disorder; it is very rare to see it occupy one side, suddenly disappear, and invade the other. Such an occurrence may, however, be observed when simple congestion, having increased the size of one epididymis, ceases, on true phlogosis being established in its fellow.

The statistical tables, drawn up on a small scale by Gaussail and by Desruelles, have led these gentlemen to the erroneous conclusion that epididymitis is more frequent on the right side than on the left. This conclusion, in contradiction to the experience of all practitioners, is an argument not against statistics in general, but against their imperfect application to particular diseases.

To what circumstance are we, then, to attribute this predilection of inflammation for the left epididymis? I have spared no trouble to discover it, and experience leads me to think that epididymitis occurs mostly on that side on which the organs are generally carried, the testis receiving less support from the trousers than the other.

Symptoms.

A sense of uneasiness extending to the whole scrotum, which seems to the patient more weighty—now and then increased venereal desires—frequent but inefficient wish to void the bladder of its contents, leading to vesical tenesmus—are amongst the first symptoms of the disorder.

Shivering and fever set in at this period, and slight remittences, or even true intermittence, are occasionally observed. The groins are painful; a circular tension around the hypogastric region, together with distressing lumbago, add to the sufferings, and compel the patient to assume a bent posture in the act of walking.

The epididymis is swollen and painful. In some cases the pain suddenly appears on any muscular effort being made, and the affection is often attributed by the patient to this circumstance, to which is due merely the discovery of a disease previously existing. Professor Velpeau erroneously, in my opinion, ascribes the inflammation to the cremasteric fibres impeding the venous circulation of the testis during contraction.

Cullerier was of opinion the disorder always began in the vas deferens; but the case with which he chiefly supported his position turned out to be one of "tubercular or scrofulous testis," in which the spermatic cord is always more or less implicated. In Swediaur's opinion, the malady originated in the epididymis itself. Theoretically speaking, it is very probable the lining of the spermatic duct is inflamed, and thus transmits to the appendage of the testis the affection of the urethra, but, in point of fact, no outward appearance, no symptom, demonstrates this to be actually the case.

The epididymis is increased in size; it is acutely sensible to touch, and this state of things may subsequently extend to the funis.

We should not omit to mention here three causes of error which may lead to fatal consequences, especially the two last, if the surgeon is not aware of these anatomical anomalies.

The first is a condition very frequently met with, and consists in the epididymis being seated in the front of the testis, instead of occupying its posterior aspect. The question here is one of purely scientific interest, and it is sufficient to be warned of this cause of error to avoid being deceived by it.

In the second anomaly an error may lead to very serious consequences. I allude to cases in which the testis is retained beyond the abdominal ring in the inguinal canal, and there becomes affected with epididymitis. A swelling, presenting sometimes a most deceptive fluctuation—pain, sometimes even a slight blush of the skin covering it, the tumor being seated in a region where bubo constantly occurs and suppurates—all these circumstances put together lead almost inevitably to a mistake, the result of which may be a broad incision made into the testis. Some years ago I was very nearly deceived by a case of the sort; I even called for a knife, and, as I make it a rule to explore a tumor once again immediately before I open it, whatever may have been the degree of minuteness of previous investigations, I examined the parts again, and the scrotum appearing very flat on the side of the inguinal tumor, I sought for the testis, and, not finding it, the possibility of an error at once struck me, and further investigation fully showed the true nature of the case.

A third cause of error is found in the testis being occasionally in the perineum, from lengthening of the cord, perhaps, or other anomalies which have not hitherto been the object of proper anatomical investigation. A gentleman affected with gonorrhœa called upon me about six or seven weeks ago, complaining very much of a perineal tumor. It was exquisitely painful, fluctuating, and about the size of a pigeon's egg; the skin adhered to it. I felt inclined to consider it as one of those abscesses I have described to you, originating from the membranous urethra. I was, therefore, about to open it, when examination of the scrotum led me to the discovery that one testis was absent. I inquired from the patient, who told me that the other testis had always occupied the perineum—a piece of information which came in very good time for his own sake, and which has since led me to the diagnosis of another case of the same kind.

I purposely avoid speaking of epididymitis invading a testis still retained in the abdominal cavity, because, if such cases exist, they must be excessively rare, and, in the present state of science, no one symptom could serve to detect them.

From the frequent presence of effusion in the tunica vaginalis, Dr. Rochoux conceives this disease consists merely in inflammation of that serous cavity, and consequently calls it "vaginalitis." Attentive observation convinces me that this opinion is incorrect. The signs of serous inflammations are absent in this malady. The pain is acute, but seated about the epididymis, and not in front of the testis, where inflammation of the tunica would necessarily induce it. The effusion is transparent, or slightly tinged with blood, a few drops escaping from the puncture. This liquid contains no floculi, nor is it possible to detect in it anything like pus. I, therefore, reject Dr. R.'s interpretation of the symptoms, and consider them as belonging to passive exhalations, arising not from serous inflammation, but from vascular congestion of the membrane.

The quantity of the effusion varies from a few drops to several ounces. In general it is very trifling, and, in some cases, absent. I have met with it on the healthy side, when the diseased side was free from any dropsical secretion.

The transparency of the liquid, the presence of true fluctuation, and puncture with the lancet, will serve to diagnose and demonstrate its existence.

Complications and Treatment of Epididymitis.

Œdema of the scrotum is commonly met with in cases of epididymitis. The dependant parts are mostly thus affected, and the lateral pressure of the neighbouring thighs flattens the organs, and modifies their shape in a characteristic manner. The skin, on the contrary, is free from alteration, and the contrary occurs when, instead of œdema, the cellular tissue is the seat of purulent infiltration.

Phlegmonous inflammation is more rarely met with than œdema, and may either produce diffused or circumscribed suppuration of the structures.

The most important complication of epididymitis is, in all respects, orchitis. I apply this name exclusively to inflammation of the spermatic gland, in order to avoid the confusion necessarily arising from its indiscriminate application to all acute inflammations of the scrotum. It is quite as irrational, and imparts the same kind of vague and useless information, to give the appellation of orchitis to those various disorders, as to call ophthalmia all the maladies of the organ of vision. The tendency of science is, at present, to localise, with as much accuracy as possible, the seat of disease; and this tendency being most certainly good, when not carried too far, I think much advantage may be derived by following it in the diagnosis of the affections of the sexual organs.

The general as well as the local symptoms are so very distinct as to preclude the possibility of confusion of orchitis with epididymitis. Their progress and termination being altogether different, and their treatment also affording contrary indications, it is clear that the division is not merely scholastic, but one the advantages of which will be chiefly acknowledged at the bed-side of the patient.

The increase of size of the inflamed testicle is checked by its unyielding envelope, the tunica albuginea, severe strangulation, violent pain, and the faintness, or even syncope, commonly observed on compression of the spermatic gland. At this period high fever generally appears.

Cramp, sickness, and obstinate vomiting, results of the sympathy of the digestive system with the testis, have often, by their occurrence in orchitis, imposed upon the surgeon, and made him fear the existence of strangulated hernia. My friend Dr. Despretz, whose surgical attainments are known to most of you, told me this very day of a case of orchitis which caused him much perplexity, from the resemblance of its symptoms with those of strangulated hernia.

In the incipient stage of orchitis particularly, the special functions of the testis become stimulated, and a tendency to pollution is manifested. It is not uninteresting to observe that, in parenchymatous inflammations in general, the secretions of the affected organ are mixed with blood—*e. g.*, the rusty sputa of pneumonia; and here, again, the seminal fluid is mixed with blood, and changed in its color.

I will now, Gentlemen, rapidly enumerate the leading characters of epididymitis and orchitis. In the former the epididymis forms a distinct crescentic tumor behind the testis. It is hard, and continuous with the vas deferens. The testis preserves its special elasticity—that semi-fluctuation which is so remarkable; its size is equal on both sides, and the organ is free from adhesion to the skin. In orchitis, on the contrary, the spermatic gland itself is increased in volume; its resiliancy is lost, the organ feels, as it were, coagulated, and the skin adheres to it, smooth, and deprived of the folds and wrinkles special to the region. Epididymitis has *always* preceded orchitis when the latter disease results from gonorrhœa.

The termination of epididymitis by delitescence is very rare. Gradual resolution is the common rule. The liquid effused in the tunica vaginalis is first absorbed, and the epididymis returns to its natural condition by slow degrees, and even, in most cases, a hard spot remains in the caudâ.

In some few instances hydrocele persists, and I feel convinced that many serous collections of this nature in the scrotum recognise no other origin.

In some patients suppuration of the cellular structures of the scrotum takes place, but very rarely does the epididymis itself suppurate.

Orchitis, on the other hand, has far different terminations. Resolution seldom occurs; mostly the testis suppurates, or is gradually absorbed. In both cases the organ is destroyed. Should any difficulty exist in distinguishing favorable absorption from atrophy, it need only be remembered that, in favorable absorption, the testis resumes its elastic feel, at the same time that its size decreases, whereas, in atrophy, the hardness persists all over the organ.

In the prognosis of epididymitis the fear of consecutive syphilis should be altogether set aside.

Some authors—Lagneau, amongst others—think that it may occasion syphilitic sarcocele. This is impossible, unless the patient be at the time under the influence of constitutional syphilis, and then, indeed, epididymitis may become a local stimulus, sufficiently powerful to cause the appearance of the syphilitic affections of the testis, so accurately described by Sir A. Cooper.

The existence of epididymitis on both sides, and its persistency in the chronic form, should direct the attention of the physician towards the possibility of tubercular disease of these organs, and point out the propriety of minute investigation of the chest. It must be likewise recollected that tubercular testis invariably is accompanied by an alteration of the spermatic duct, which appears enlarged, and assumes a bead-like form; also, cancerous transformation of the testis may occasionally trace its origin to epididymitis.

Treatment.

We will divide it into the prophylaxis and therapeutic treatment.

I. *Prophylaxis.*—By reference to our list of causes, the prophylaxis of epididymitis can easily be deduced. We shall only say, that we deem of first-rate importance the use of a suspending bandage from the beginning of gonorrhœa. We shall also add, that the inflammation of the epididymis generally occurring after the second week of the existence of clap, the best means to prevent that painful complication will, most undoubtedly, be the timely application of the abortive treatment of gonorrhœa, such as we have described it.

II. *Therapeutic Treatment.*—a. *Acute Stage.*—Rest, strict abstinence from food, diluent drinks, are to be employed from the very first. The greatest attention must be paid to the state of the digestive organs; and this is not one of those common recommendations usually annexed to the treatment of every disease, for, independently of the revulsive action obtained by opening medicines, a mechanical benefit will also be derived from the mere voiding the intestines of a mass of fœces, which, by compressing the spermatic veins, might baffle your efforts to master the disease.

The testis should be elevated, not bent backwards on the abdomen, but merely raised, and not allowed to hang in a dependent position. Discussive applications, such as ice, alum, &c., may be tried, but their use is not wholly unattended with danger. I prefer the antiphlogistic line of treatment. Leeches applied, in numbers proportioned to the strength of the patient, and the intensity of the disease, to the perineum and inguinal regions, will be found far preferable to bleeding the scrotal veins. When the pulse is full and strong, blood will be taken with very great advantage from the arm. Poultices and warm fomentations should be kept constantly applied to the parts.

Should the liquid effused in the tunica vaginalis cause, by its abundance, uneasiness or pain, a puncture with a lancet will suffice to rid the patient of this complication; but, in one-half of the cases, the use of sharp instruments is altogether unnecessary, and the slight effusion may be neglected. In itself, the puncture has no marked influence on the duration of the disease.

b. *Chronic Stage.*—When the violent inflammatory symptoms have in some measure subsided, the greatest advantage will be derived from compression of the testis by Fricke's method.

The acute stage of the disease, inflammation *en masse* of the spermatic cord, suppuration of the cellular tissue, or abundant effusion not evacuated from the tunica vaginalis, are so many circumstances which should prevent the application of compression.

I will now apply the bandage before you, in order that the slight practical details, on which may depend the success or failure, should not escape your notice. With a long, narrow strip of adhesive plaster, placed at about an inch from the abdominal ring, I compress circularly the spermatic cord, so as to separate perfectly the diseased testis from the healthy one, and tighten it sufficiently to preclude the possibility of the organ ascending through this ring. Two or three other strips are then placed, in succession, circularly around the testis, so as to compress it equally on all sides; several short strips are then applied in the shape of so many loops, compressing the organ upwards by their concavity, and crossing each other at the summit of the tumor. Circular strips are then applied around the whole, so as to insure the solidity of the bandage, and the equal distribution of the compressive force.

This operation, in which the testis is handled for some minutes, is productive of some pain; but, should that pain not have subsided within half an hour after the application of the bandage, it must be withdrawn; otherwise the patient is exposed to inflammation, and even gangrene of the scrotum, and all its consequences.

Thin pledgets of lint, placed between the first ring of the bandage and the skin, will prevent excoriations, or even ulcerations, which direct pressure might produce.

The inflamed organs do not diminish in the same ratio in all their parts; some portions of the bandage will, therefore, be soon relaxed, while others will remain tight; and as the upper ring compresses with the same power, accidents of strangulation might supervene if the bandage was not speedily renewed, at least every forty-eight hours.

When Fricke's method cannot be employed, the mere plaster of rigo cum mercurio, ointments containing hydriodate of potash, or ioduret of lead, or equal parts of extract of cicuta with mercurial ointment, or even the ung. merc. fort., will answer as excellent discussives, and hasten the cure.

Gonorrhœal ophthalmia, and gonorrhœa in women, will occupy our next lectures.

CASE
OF
HYDATIDS IN THE UTERUS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Should you consider the following outlines of a case of hydatids in the uterus, which occurred in my practice a short time since, sufficiently interesting for insertion in the Provincial Medical Journal, I shall feel obliged by your giving it a place in an early number.

I am, Gentlemen,
Your obedient servant,
GEORGE KING.

Bath, June 5, 1843.

Mrs. C., a married woman, about forty years of age, and the mother of three children, had, since her last confinement (which took place in July, 1841, of a still-born child), been very much out of health, but not sufficiently so to be under any particular mode of medical treatment, as I considered the cause of her ailments to be more mental than bodily. Some time in November last she was rather more desponding than usual, and I was requested to call on her; the moment she saw me she said, "Doctor, I know now what is the matter with me; I am certainly in the family way, and I must be gone three or four months, for I quickened last night." I listened to all she had to say, but gave no opinion, thinking that a woman who had had four children must know more about the sensation of quickening than I did. From that time she improved in health, and was much more cheerful; she also increased in size. In this way she went on for three or four months, when I was again consulted, at which time she was much improved in appearance, but not so large as I expected to see a woman seven or eight months advanced in pregnancy, and she herself thought that she did not seem so large as she used to be, when advanced to the same period in her previous pregnancies, but said she felt the child very strong, and she had milk in the breasts.

Tuesday, April 25. In the morning I was sent for. I found her on the sofa, complaining of slight pains in the back, and she said that she had a little "sign," and she thought it right I should know it. I requested her to keep herself quiet, and, if I did not hear from her before, I should call again in the evening. About seven o'clock I was sent for in a great hurry. I found her in the bed-room, with the fire lighted, baby-linen put out, the nurse and the neighbours called in, and I was told that the pains were much sharper and quicker, and all thought that it would be very soon over. After wasting nearly an hour, I thought it quite time I should ascertain what was going on. I did not consider the pains she then had to be labor pains. I made an examination, per vaginum, and with some difficulty reached the os uteri, which was not in the slightest degree dilated; there was a little dark, grumous discharge, but nothing like labor going on. A draught, containing twenty-five minims of tincture of opium, produced calm repose during the night. Slight pains recurred during the following day, and at two o'clock the next morning I was again summoned by her husband, who told me that he now thought it was all over with his wife, and that I should not see her alive. I found her looking deadly pale, with frequent sickness, and complaining of a peculiar dragging pain in the loins. The attack was sudden; she was very restless, and seemed to be suffering greatly. The pain appeared to me more like painful menstruation than labor pains; there was a little discharge, and it was of a brighter color than it had been two days before. I made another examination, and found the uterus was lower; I could reach it with less difficulty, and the os uteri was a little dilated, so that I could introduce the tip of my finger, and I found that I could feel something protruding. I gave another dose of tincture of opium in a little brandy and water, which immediately came up. I remained with her until the pain and sickness had a little abated; saw her again about ten o'clock; found her more comfortable; had slept, and was free from pain; still a little hæmorrhage; made no examination. She continued all the day to have intermitting pains, but not stronger than they had been before. In the morning she passed a large piece of "flesh," as she called it, without much difficulty or increased suffering, and not sufficiently severe to induce them to send for me. What had come away was in the washhand-basin for my inspection. It was a solid mass, in size and shape resembling a cocoa-nut at one end; there was a sprout about half an inch long, and the size of a No. 3 rectum bougie. From this stem I have no doubt this mass was suspended in the uterus, and gave to the patient the sensation of something moving in the womb, and its detachment gave rise to those peculiar pains that were complained of. On cutting into this substance, the wall of which was full half an inch thick, I found imbedded in it an immense number of hydatids, varying in size from a pin's head to a black currant; each bulb contained an aqueo-transparent fluid. I could with ease detach each bulb or cyst, and suspend them by the pedicles without their bursting. I am well aware that cases of hydatids in the uterus are not uncommon, but the singularity of this case seems to me to be, that the woman should have felt all the symptoms of pregnancy, and this uterine production should have been dislodged and *expelled* at the *exact period* of the usual termination of utero gestation. No unpleasant symptom followed the dislodgment of this mass of hydatids, and the woman is at this time in good health, and her spirits much better. Menstruation has since taken place, which, she states, was more healthy in appearance, and more in quantity, than she had had for two years before. This circumstance, I think, very satisfactorily proves two things—first, that there is no disease of the uterus; secondly, that the nucleus of the hydatid mass, so recently thrown off by it, must have been an unproductive gestation or blighted ovum.

A CASE
OF
GLANDERS IN THE HUMAN SUBJECT.

Patients are not very unfrequently admitted into the hospital whose illness is supposed to be produced by the infection or inoculation of poison derived from the lower animals. The supposition, often primarily induced by the anomalous character and progress of the symptoms, is generally confirmed by inquiries into the origin and history of the complaints, and the habits of the individual. To give a faithful general history of the regular course of such cases would be difficult, as one of their characteristic peculiarities consists in the irregularity of their progress, in the anomalous symptoms they present, and in the discrepancies observed in them, when compared with the more common forms of disease, to which they otherwise bear some general resemblance. One feature is, however, common to them all. The patients have been all more or less, directly or indirectly, exposed to the liability of inoculation by putrid or diseased animal matter. One of them, a short time before his illness, was engaged in moving some barrels of salt meat, the odor of which proved that the antiseptic processes adopted had not been effective in preventing partial putrefaction; others have been occupied as tanners, knackers, butchers, horse-keepers, cab-drivers, or coachmen, or have been employed in packing or handling imported skins, or imperfectly cured animal provisions.

These patients have fever of considerable but very variable intensity, often remittent, frequently irregularly intermittent, and constantly accompanied with a moist state of the skin. They almost always complain of severe pains in the back, limbs, and joints, and often believe and represent themselves to be suffering from rheumatism. The complaint has not, however, the general aspect of that affection. The joints are not, in the first instance, swollen, red, and tender; the tongue has not the loaded, white, moist, and flannel-like appearance; and the skin, though moist, is not covered with a copious perspiration of the peculiarly sour odor common in that complaint.

Pain of the head, and especially of the forehead, is often troublesome; delirium exists at night; the tongue is somewhat dry and red, at least at the tip and edges; the conjunctiva is injected, and the whole of the mucous membranes congested and irritable—symptoms which lead to the probable supposition that the disease is simple continued fever. But the absence of some of its ordinary accompaniments causes doubts to arise in the mind of the attendant; the skin is not constantly dry, pungent, and hot, but is at one time hot, and at another moist, greasy, and of natural temperature; there are no maculæ, and no petechiæ; and, though the face is flushed, the countenance has not the heavy, stupid, half-drunken, "puzzled" expression of common fever. While the physician is, perhaps, still undecided as to the origin and nature of the malady, a local swelling occurs upon the trunk, or, more commonly, about one or more of the joints; or erysipelas appears upon the forehead, cheek, or neck. The tumor slowly suppurates, or the erysipelas is followed by an ill-defined abscess of the cellular membrane. The parts heal, and the patient for a time appears to improve in health and strength; when tenderness is felt in another part, and one or more tumors are again discovered, slowly suppurate, and discharge their unhealthy contents. The parts heal, and the patient is again temporarily restored. His improvement is but brief; his quiet is but of short duration; other tumors again and again appear: the process is repeated, till his spirit is broken, his energy lost, and his constitutional power destroyed. The tumors have usually no definite arrangement, and certainly are not confined to the course of the veins and absorbents; they are, on the contrary, seen at the same time, or in succession, upon the right arm and left leg, the axilla of one side and the groin of the other, the instep, and the sub-maxillary space. Most commonly the poor patient, already nearly exhausted by the repeated drains upon his system, caused by the discharge from the abscesses, is ultimately carried off by an attack of diarrhœa. More rarely, an individual, after a long and tedious convalescence, slowly acquires strength, and is at length discharged—cured, indeed, of his complaint, but in a condition so shattered as to be unable for some time to resume his ordinary occupation.

These cases bear a considerable resemblance to those which have been reported as instances of chronic farcy; but I am not aware that their common origin has been proved, or attempted to be proved, at least in this country.

Though such examples of disease as those to which I have briefly referred are not, as I have said, very unfrequently seen in the hospital, I believe that only two cases of well-marked acute glanders have been admitted since it has been distinctly ascertained that man is liable to that fearful complaint.

Michael Ginivan, aged forty, a horse-killer, was flaying the leg of a horse recently killed, when his knife slipped, while his attention was temporarily withdrawn, and inflicted a wound in the forearm of the *left* side. On the next day a cord-like enlargement made its appearance, leading from near the wound to a painful swelling on the inner border of the biceps muscle, just above the elbow. Accidents of this kind, and consequent absorbent inflammation, being common among the men so employed, and frequently detaining them from their work for a few days or weeks, this individual went to a surgeon, who simply dressed his wound, and gave him some aperient medicine. He stayed quietly at home, and thought but little of the accident or its consequences till two or three weeks after its occurrence, when he began to suffer pains in different parts of his body, resembling those of rheumatism, and painful swellings arose in his *right* arm and leg. Mr. Comley seeing him in the yard, to which he had gone to see his master, and struck by his peculiar appearance, gave him a letter for the Eastern Dispensary, and took him under his own care, September 23, 1842, the twenty-fourth day after the accident. He was robust, muscular, and apparently of good constitution, and for the last ten months has adopted "the total abstinence principles," though he had previously been in the habit of drinking to excess. The countenance was anxious and depressed, but "irritable, as if laboring under the effects of poison;" the eyes sunken; conjunctiva slightly jaundiced; pupils dull and sluggish; intellect clear; tongue flabby; bowels regular; pulse 60, with little power; he had no appetite; the respiration was not disturbed. The wound in the forearm was superficial, with an inflamed surface and hardened base; two or three hardened lymphatic vessels led from the wound to a large and pointed tumor on the inner edge of the biceps, above the internal condyle. There existed also a deep and fistulous wound over the first phalanx of the little finger. The glands in the axilla were not affected. A tumor similar to that on the *left* arm existed on the centre of the *right* forearm, and also on the *right* thigh; they were all acutely tender to the touch. Ordered a nutritious diet, with a pint of porter and six ounces of wine daily. To take an alterative powder of rhubarb and calomel every other night, and an aperient draught the following morning; decoction of bark, one ounce and a half, and carbonate of ammonia, five grains three times a-day.

25th day (after which he was seen at his own house). He complained of pains in the whole body, and was quite unable to walk; the nostrils were free; the pulse 80, and soft. There was no other change, and he was ordered to continue his remedies.[1]

27th day. He felt stronger, though he still had no appetite for his food; the general pains were less severe, and tenderness of the tumors less acute; pulse 60; bowels open. To continue as before.

28th day. Was better; the tumors, still less tender, had decreased in size, that on the thigh being alone troublesome. A cold evaporating lotion was now applied, and he continued the same medicines, with a steady but slow improvement, till the

35th day, when he was not nearly so well. The pain of the right leg was very severe, and prevented both motion and sleep; he had also a pain in the back, which was referred to the right kidney. The urine was not examined; he had some cough, unattended with expectoration, but accompanied with some crepitating rattles in the posterior and inferior portion of the *right* side of the chest; the countenance was again anxious; the pulse 80, full and sharp; the skin moist; the bowels regular. Ordered to discontinue the wine; to repeat his alterative and aperient medicine, and to take sesquicarbonate of soda, ten grains; tincture of orange, one drachm; and compound infusion of gentian, one ounce, three times a-day.

37th day. The cough had subsided, and the breathing was natural; the expression of countenance much improved. To continue his medicines, and to resume the wine.

41st day. He was again not so well; he had now very acute pain on the inner side of the *left* knee, which disturbed his sleep at night. Eight leeches, and poppy fomentations, were ordered for the knee, and the other medicines to be continued.

42nd day. Small tumors appeared on the left leg, and those of the arms were more swollen and painful.

44th day. Pains affected the entire body, and prevented sleep; the tongue was red in the centre, with brown-furred edges; the countenance was exceedingly anxious. To take a pill of hydrochlorate of morphia, half a grain; and blue pill, two grains, every night; and decoction of bark, one ounce, with compound spirits of ammonia, half a drachm, three times a-day.

46th day. Much worse; symptoms putting on a typhoid character; the knee and leg much swollen, and acutely painful.

47th day. He was admitted into Guy's Hospital. He was placed in a room by himself, and visited about half an hour after his admission. The expression of his countenance was then moderately anxious, and his manner somewhat excited; there was no suffusion of the eyes, no increased injection of the conjunctiva, and no discharge from the nose or mouth. There existed a considerable swelling about the *right* knee, which was rather red, painful, and tender under pressure, but appeared to contain no defined collection of fluid. Upon different parts of his arms and legs he had six or eight tumors, oval, soft, and about the size of half a pigeon's egg, some of which only were tender, but all evidently fluctuated under pressure, and over all the skin itself was of the natural color and appearance; the tongue was clean and moist; the pulse 84, of moderate power; the respiration unaffected. Ordered,

> Sesquicarbonate of ammonia, five grains;
> Decoction of bark, one ounce and a half. Every six hours.

A draught, with tincture of opium, twenty minims, in camphor mixture, at bed-time; two pints of porter and four ounces of wine daily, with good beef tea and arrow root for food, and fomentations to the knee.

48th day. The knee was less swollen and less tender, but the small subcutaneous tumors had slightly increased in number; they were not larger or more tender; the skin covering them was still free from discoloration. He had passed a restless night, with some wandering delirium; the bowels had been relieved; the tongue was still clean and moist; and the pulse 84, full, and of good power. To continue as before.

49th day. He had passed another disturbed night, and appeared considerably depressed; the pulse had increased in frequency, and decreased in power; the *left* eye was closed by a purplish-red tumefaction of the eyelids; the tongue was rather dry, and at the tip and edges more red than natural; the bowels had been opened twice; the knee was much less swollen, and the tenderness about it was now trifling, but the small tumors had increased considerably in number. Several large flat elevations of the cuticle, containing an opaque yellow fluid, intermixed with some which were smaller and acuminated, now existed, thinly scattered over the extremities. There was still no discharge from the eyes, nose, or mouth. Ordered,

> Sesquicarbonate of ammonia, five grains;
> Compound tincture of bark, one drachm;
> Wine of opium, five minims;
> Infusion of serpentary, one ounce and a half. Every six hours.

The night draught to be repeated, with tincture of opium, thirty minims; to continue the porter, and to have four ounces of brandy instead of wine.

50th day. He had been dozing the greater part of the night, and was heavy and somnolent when visited; lying with the mouth partly open, with a tongue dry and dark in the centre, and heavy but not stertorous breathing. The *left* eyelids were more swollen, and the left side of the face appeared œdematous. The *right* eyelids were also swollen though to a less extent. The *right* knee had assumed its natural size and appearance; but the pustules had now appeared upon the face and trunk, and their number had very much increased upon the extremities. When more advanced, they were rounded, plump, yellow, and about the size of half a large split-pea; those which had recently appeared were smaller and rather pointed, containing yellowish opaque fluid, like some forms of varicella. Four only existed on the face; one of which was on the forehead, one on the left eyelid, one on the top of the nose, and one on the chin. When the right eyelid was raised, there exuded a little clear colorless fluid. From the nose spontaneously flowed a scanty, reddish-brown, and rather viscid secretion, which appeared to obstruct the respiration. No enlargement of the absorbent glands of the axilla, groin, under the jaw, or of other parts, could be discovered. The skin was now perspiring very freely, and the pulse was very feeble and frequent. The state of the pupils could not be ascertained, in consequence of the swelling of the eyelids. His external appearance now much resembled that of the patient of whom the model is preserved in the museum, though the characters of the complaint were generally less strongly marked. Ordered to repeat the mixture every four hours without the opium, to have eight ounces of brandy, and to continue his porter, beef tea, &c.

He continued in exactly the same state, excepting that he was very thirsty, and drank freely till nine o'clock, p.m., when he had a little rattling in his throat, suddenly became pale, and ceased to breathe. It appeared probable that he was sensible to the last, as, though he could not be understood, he tried to talk when his wife spoke to him in Irish. Permission was not granted to inspect the body, which was speedily removed by the friends.

The history of this person's disease, before his admission into the hospital, bears a striking resemblance (excepting the formation of abscesses) to those referred to at the commencement of this paper. On the day of his death his external appearance was very similar to that of the person formerly modelled in the museum. It is to be remarked, that the small tumors of the skin appeared in numbers only during the last few days of the disorder, and that the pustules arose only three days at most before that event; it is also remarkable that at the same time the swelling near the knee, which obviously contained fluid, subsided. The treatment was adopted with the view of keeping up the power of the patient while the poison was thrown off from the system, or "the disease wore itself out;" but, when the complaint assumed an acute form, it had little if any effect. Hitherto all the cases of the acute disease have, I believe, proved fatal. Is it not time, and would it not be expedient and proper, to adopt other means of cure, such as the free administration of mercury, and giving a free and early exit to all accumulations of matter? — *Dr. Hughes, in Guy's Hospital Reports.*

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JULY 1, 1843.

Many and various are the opinions of the profession of the value of the debating medical societies, which are now to be met with not only in the metropolis, but also in every provincial town of any importance. Do they effect a greater amount of good than evil? —what and whom do they benefit?—are questions which readily suggest themselves, but do not quite so readily admit of solution.

As a fair example of the average character of debating medical societies, let us select those of London. Viewed collectively, what features do their evening meetings commonly present? An assemblage of members and visitors, the former of whom may or may not discuss the subject before them, and the latter, who may or may not listen to the remarks of the speakers around them. Add to these a chairman, who has talked his way to the presidential rank, a small committee, an honorary secretary, with the insignia of office, a minute book and the ballot-box, and the description is complete.

The chief supporters of these bodies are, of course, the members, who are commonly divisible into two great classes, each of whom lend their aid in a manner varying in accordance with the motives by which they are influenced. The first class consists of those who contrive to talk about every subject that may be introduced; the second, of those who, averse to entering the lists in medical debate, limit their remarks to the more domestic affairs of the society, and, with a benevolence and perseverance truly laudable, are always ready to second votes of thanks to the authors of papers, to propose the adjournments of meetings, and to attend, with rigorous punctuality, all the anniversary dinners. Their spheres of action also differ. The debating-room is the arena of the former, the committee-room of the latter. The influence exerted by the atmosphere of the committee-room, in suddenly endowing with endless eloquence those who are otherwise silent, is alone to be explained by the comparative amount of professional knowledge required for the discussion of some point in diagnosis or pathology, and that necessary for framing new bylaws, or auditing old accounts.

The orators of each society fall within the first class of members to which we allude. Of these, some—

> " Ingenium velox, andacia perdita, sermo
> Promptus, et Isæo torrentior,"

and who may be placed at one end of the scale, in contradistinction to the lesser race of speakers, who, for the most part *protegés* or disciples of the former, adopt the opinions of their respective leaders, and, with the assistance of a goodly store of well-remembered cases in point, strive to establish their correctness. To these such views are incontrovertible, and, should any around be less willing to receive them, a delicate allusion to an illustrative case is the summons for the recital of others, in which number is made to supply the place of probability. The slightest hint from a leader suffices to call forth their useful aid, for

> " Cassius must bend his body
> If Cæsar carelessly nod on him."

There are many grades placed immediately between these two extremes, and in them commonly rank the most useful and best informed members, consisting for the most part of men anxious for the advancement of the profession rather than their own. The same feeling does not actuate those who are placed in either of the extreme classes, and however the inflated pomp of the one, or the harmless loquacity of the other may amuse, yet do they sufficiently explain the motives of the several speakers, and demonstrate how little they are influenced by the love of science. Many there are who, endowed with the power of talking unceasingly on almost every subject coming before them, succeed occasionally in impressing their hearers with a belief that they really understand that on which they speak, and by a well-conducted system of reporting in the medical journals of the day, sometimes pass current for clever men. Carefully analysed and stripped of their redundant verbosity, the speeches of such as these yield but proof of their limited acquaintance with the subject; but such examinations are rarely made, and a rapid eloquence often becomes the accepted substitute for professional knowledge.

Such persons are commonly well versed in tactics, and so arrange their plans of argumentative attack or defence as often to gain by stratagem what they want in strength. Within the last few years the character of the papers brought before medical societies have assumed a higher character, and many members, aided by modern education, have made the discussion assume a more strictly scientific character; the introduction of such auxiliaries as organic chemistry, the microscope, &c., to assist in medical inquiries, has lately much embarrassed those who, belonging to what in equal respect and derision is called the "old school," affect to receive with distrust or altogether reject as "modern innovations" truths which they cannot or will not understand. Whenever this is the case, the more cautious of the class of speakers to whom we allude, either patiently wait until the time for the society to dissolve has nearly arrived, and then, secure from reply, hasten to hurl their weapons against the venturous author; or, should this method be unattainable, the laws of the society are referred to, and the essayist guilty of allusion to anything relating to modern science is indirectly informed that that the old members have been accustomed to listen to debates, and not to *lectures*.

How frequently is the time of medical debating societies completely occupied by the lengthy and verbose remarks of individuals whose only object seems to be that of being deemed great speakers, and thus attracting the notice, though not the admiration, of those around them, caring as much for science as they effect towards its advancement. How frequently, also, are these societies employed for purposes infinitely more reprehensible; and when scientific disputation is made to give place to the mere expression of personal attacks, and the language of science is exchanged for the language of anger. Nor has it by any means rarely happened that the ingenuity of some of the members of such societies has led them to introduce papers which, disguised by the assumption of some scientific title, have subsequently been discovered to be the mere embodying of some piece of charlatany, which thus secures for itself the apparent approval of the members at large, and is soon after palmed upon the public as having been sanctioned and approved of by them.

It is scarcely necessary to cite examples of this kind; they are of far too frequent occurrence in the present day; and whether they assume the character of a scientific delusion, or something worse, as in the case of Mesmerism, or of some new and pretended curative measure, as in the instance of the cure of stammering, they are equally mischievous in their application, and derogatory to the society and to the profession to which they belong.

Independently of objections of this kind, there are others of an inferior character, but which are not less undesirable. We allude to the manner in which medical discussions are commonly conducted. Take, for example, the business of a single meeting; a paper is read, and a discussion ensues—not that these two occurrences stand in the relation of cause and effect, for it generally happens that the subsequent observations of the speakers have nought whatever to do with the subject matter of the paper itself—desultory remarks are made, each of which usually indicates that its author is determined to retain his own opinion. An hour or more thus spent, the narration of a few cases in point fills the remaining portion of time, and the members leave the meeting-room, holding the same views, and being just as wise, as when they entered it; whilst the visitors in attendance leave impressed with a belief in the uselessness of the society itself, and the uncertain and vacillating condition of medical opinion.

Such is the manner in which the business of the debating medical societies is carried on; and hence arises the fact that these associations very rarely effect anything for science—a fault arising partly from the societies themselves, and still more so from the manner in which they are conducted. There can be little doubt that much good might accrue to medical knowledge and to the public were debating societies managed in a proper spirit. If rules were framed by which all subjects merely tending to procure a popular reputation for their authors should be carefully excluded, all personal disputations avoided, and the time of the society economised, by preventing unnecessary speech-making,—then is it very probable that there might emanate from among them scientific improvements, which would reflect credit upon the members, and on the name of the society to which they belong, and make the form of medical debate assume a much higher character than that which it at present possesses. We are now approaching the eve of another session, when the medical societies will again be in operation. Most gladly should we hail the appearance of something like reform in their modes of procedure; and we are not without a hope that the removal of some, at least, of the objections we have adduced may be effected, and that a retrospective view of the results of another session may prove a less unprofitable and unpleasing task than that of the past.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

June 13, 1843.

The PRESIDENT in the Chair.

On the Characters and Structural Peculiarities of a Group of Morbid Growths in which Cancerous Affections are included. By Dr. HODGKIN.

This paper was in continuation of a subject which had already been brought before the society on a former occasion by the same writer.

After describing the different appearances revealed by the improved microscopes of the present day, the author endeavored to connect the nucleated cells, which Müller has shown to exist in these structures, with the production of those compound cysts which were described in the former paper, and pointed out as affording the type of the adventitious structures referred to.

The following are the conclusions which the author is desirous of drawing from the observations contained in the paper:—

1. The unrestricted confirmation of the views contained in the former paper as to the existence of the type of compound serous cysts in the adventitious structures referred to. The author had not only found it in man, but in several of the inferior species of mammalia, and in birds. Several able observers had, on examination, coincided with his views, and he mentioned the late Professor Delpech, and the present Professor Rokitanski, having personally informed him of their having, independently, been induced to adopt his views.

2. That the microscopic examination of these tissues, though extremely interesting, does not furnish perfectly conclusive tests of any particular form of adventitious structure to which a specimen may belong, but that it demonstrates the application of the nucleated cell theory, whilst it is fatal to that of cancerous matter being formed in the blood, and eliminated at the spots at which the tumors become manifest. It, therefore, furnishes an important argument in favor of operation, though other practical considerations require to be attended to before operation is decided on.

3. That, to have a complete view of the mode of production of these structures, we must combine the cell theory of Schwann and Müller, the coagulation principle which the author had previously suggested, and the process of organisation investigated by Mr. Kiernan—three stages of development which appear to occur in the order just enumerated; and that none of the phenomena, taken singly, is an adequate test of malignancy, which, as stated in his first paper, must be regarded as the sum of several characters.

4. That chemical analysis, though extremely important and interesting, affords an imperfect and inadequate criterion, as the principles concerned may vary or be changed in the progress of development.

5. That, in operating for the removal of a tumor of this class, it is extremely important to leave behind none of those minute cysts which often form granules in the surrounding cellular membrane, though it may appear in other respects perfectly healthy. This appears to be a mode of extension of the disease independent of inflammation.

6. That experience teaches us that the infiltrated form of these diseases occurs in the structures in the neighbourhood of the purely adventitious growth, when these structures have been the seat of inflammation, and that the chances of success from operation are, consequently, infinitely diminished when such surrounding inflammation has taken place. The presence of the peculiar matter of the disease in the interior of the vessels appears to be one of the modes in which infiltration, the result of inflammation, exhibits itself, and is, therefore, not a valid argument in favor of the pre-existence of such matter in the circulating blood.

On the Nature of the Ossification of Encysted Tumors. By John Dalrymple, Esq., Assistant-surgeon to the London Ophthalmic Hospital.

The author removed from the upper eyelid of a patient an encysted tumor, about the size of a pea, which was found to consist of concentric layers of hard earthy material. Upon examining the structure by the microscope, he found that the layers were composed of epithelium scales closely agglutinated together; but, instead of the usual transparent and thin lamina, with its central nucleus, they were thickened and hard, and contained granular earthy molecules, which could be removed by immersion in weak muriatic acid. No amorphous earthy deposit existed around or among the scales, which were opaque, of a light brown color, with a clear and large central nucleus. Having added some observations on the microscopic appearances of other encysted tumors, the author concluded by noticing shortly the difference between the origin of proper ossific growths and that of the tumor described by him. Accompanying the paper was a drawing, which exhibited the epithelium scales of which the tumor consisted, with the granular earthy material disseminated through them.

On the Varieties, Causes, Pathology, and Treatment of the Inflammatory Affections of the Retina. By Edward Octavius Hocken, M.D.

After some general remarks on the frequency of retinitis occurring as a secondary affection consequent on other diseased conditions of the eye, the author drew attention to three tables, which showed the relative numbers of cases of idiopathic inflammation of the retina, met with in three large eye infirmaries during several years. According to the records of the West of England Eye Infirmary, there were 20 cases of retinitis in 3,926 patients admitted for various ophthalmic diseases during four years. Of these, 6 were acute, 9 chronic, and 5 not specified. Combining with these the results of the Glasgow Eye Infirmary, and the London Ophthalmic Hospital tables, the author found that acute retinitis only occurred once in every 1755 cases of other diseases of the eye; and this corresponded with his own experience, that the proportion of subacute cases was 1 in every 500, and that of chronic cases 1 in 330. He then proceeded, in accordance with the title of his paper, to make observations on the pathology and treatment of the different forms of retinitis, and illustrated his views with the details of some cases.

CLINICAL NOTES AND COMMENTARIES

By Dr. Martin H. Lynch.

ON THE USE OF THE VAPOR AND HOT AIR BATH IN PREVENTING AND REMOVING DISEASE; WITH A DESCRIPTION OF A CHEAP APPARATUS.

It is not necessary to enter into minute details in order to prove that the vapor bath is a most useful agent in the treatment of many diseases. Medical men are well aware of its powers, and, were this not the case, I would yet be saved the trouble of arguing in support of its merits by referring to the able and elaborate article in the "Cyclopædia of Practical Medicine," by Dr. Forbes, on all the forms of bathing.

But it is not so generally known, even amongst medical men, that the vapor bath may be employed to preserve the human frame in health and vigor, and to crush the earliest approaches of morbid action. On this subject, therefore, I shall devote a few words before I describe my apparatus: in the first place, quoting a very practical and appropriate passage from Dr. Forbes' essay:—

"Most of the cases (says Dr. Forbes) formerly noticed under the head of the warm bath are equally benefitted by the vapor bath, and some seem more benefitted by the latter. We shall only here refer to one of these—namely, the well known condition of the system which precedes many acute diseases, and which is familiarly known by the name of a *chill*, because it is usually produced by the application of cold. This state often exists for several days before the reaction of disease and fever supervene. It is the usual precursor of acute catarrh or bronchitis, asthma, pneumonia, rheumatism, diarrhœa, or dysentery, &c.—in a word, of the numerous class of inflammatory diseases which derive their origin from cold. In most of these cases the vapor bath is a very effective remedy if administered at the proper time and in the proper manner. The most proper time is the earliest possible after the application of the morbific cause; but the remedy may still be applied with benefit, although with much less effect, at any time previously to the actual establishment of the local inflammation. After this has taken place, or is about to take place, the application of the bath will, in most cases, be more injurious than beneficial. In cases of the kind now under consideration, the vapor bath, especially if the vapor is breathed, appears to possess decided advantages over the common warm water bath, But although fully convinced of the admirable effects likely to result from this mode of treatment, we cannot consider it as a practice to be had recourse to at the discretion of patients without medical sanction, as, like all powerful remedies, it is capable of doing harm as well as good. Under proper regulation we have little doubt that it will in many cases effectually check the morbid process, which, if left to nature, must end in formal disease. The temperature in cases of this kind should not be high; the object being to drive to the surface without exciting the circulation; the application of the vapor should be commenced at the lowest degree which is felt to be agreeable, as about 95°, and the temperature should be gradually and slowly raised, and should rarely exceed 106°. The more copious the perspiration that can be excited at a moderate degree of heat, the more likely is the result to prove beneficial."

This is a very favorable account of the virtues of the vapor bath, and it is satisfactory that English and French physicians of experience, have, after a long residence in Russia (where the vapor bath is deemed one of the necessaries of life), borne out the assertions of Dr. Forbes as to its influence in checking disease at its commencement, whilst the singular rarity of phthisis in such an inhospitable climate has been ascribed by one of them (Sir G. Lefebvre) partly to the taking of vapor baths in health, and partly to the high and uniform temperature maintained during winter, in Russian houses, by means of the stove.

It may be objected to the statement of the physicians I have alluded to, that they have not taken into account the preventive agency of a good supply of food, and of a low degree of civilisation, with its exemption from mental anxiety and sedentary occupation. But this objection cannot stand; for in Spain and Italy the people are as well fed (making allowance for the difference of climate), and commerce and manufactures can hardly be said to exist; nevertheless phthisis is by no means uncommon in these countries. Hence, it follows that the immunity of the Russians is in all probability produced by one or more of the following causes:—1, The uniform and high temperature maintained in their houses during winter; 2, The frequent use of the vapor bath by the healthy; 3, An influence of climate, which we cannot analyse or define in the present state of our knowledge.

What an interesting subject for reflection to the English physician! Our country has reached the highest degree of civilisation as yet attained by any nation in any age. The number of persons engaged in sedentary or unhealthy occupations is very great, and the lives of these persons are peculiarly valuable to their families and to their country. These men live perhaps at some distance from the dark and gloomy site of the counting-house or factory, perhaps in the suburbs or beyond them, but at an early hour in the morning reach the scene of their labors, to remain there until the day is almost ended; whilst on the Sabbath many spend so much as five or six hours in a church, perhaps with the dead rotting beneath its floor and around its walls; they most frequently travel to and from their place of business in private carriages or public conveyances, and, should they walk, the grave and stately pace, which alone is sanctioned by our customs, is insufficient to produce perspiration in winter. Can any one doubt that the healthy functions must be disturbed by the transition from a free cutaneous transpiration in summer to an almost total absence of it in winter? If the merchant, shopkeeper, or clerk, sleeping in his suburban villa or cottage, be likely to suffer injury from his mode of life, how much more damage must be incurred by the constitution of the poorer man, who spends night and day in the heart of a crowded town? Is it wonderful that a mode of life so unnatural, exerting its baneful influence so uninterruptedly, should often induce phthisical cachexia?

I shall briefly allude to two or three circumstances illustrative—1, of the connection between a healthy state of the skin and the disappearance of disease from important organs; 2, of the connection between an inactive state of the skin and disease of important organs.

If healthy dogs be shaved, and their skin covered with varnish, they become indisposed and perish within a short time. Again, let the medical man reflect on the parchment-like dryness of the skin in diabetes and albuminuria, and the striking benefit derived from perspiration in such cases; let him call to mind the dry, dirty-looking skin of the person suffering from severe dyspepsia, and compare it with the skin of the same person restored to health; let him remember the utility of warm baths in the treatment of stricture, chronic cystitis, and many other internal diseases, and he will, I think, be disposed to agree with me in my opinion that the vapor bath used by persons in health, after the Russian plan (once weekly in winter, once in three weeks during summer), may be considered one of our defences against scrofulous cachexia and phthisis.

'Tis true, perspiration excited by the vapor bath is neither so cheering nor so beneficial as perspiration produced by exercise, when that exercise is accompanied by mirth or cheerful occupation of the mind, as in certain athletic games and field sports; but this is no objection; comparatively few persons can enjoy such sports in our present social state, and the vapor bath forms by no means an inefficient substitute for them.

Medical men are well aware of the circumstances under which the vapor bath should be employed in actual disease; I shall not, therefore, occupy space in this Journal by adding anything on this head. I must not, however, omit observing that it must be a great convenience to the middle and lower classes to possess a cheap apparatus, by means of which a vapor bath (even of an hour's duration) may be had at the trifling cost of fourpence. The London Bath Company charges eight shillings for each vapor bath administered by their portable apparatus, a price which places these baths beyond the reach of all except the wealthy. In the country, persons able to pay this or a higher price must be unable to take vapor baths, unless some apparatus, from its cheapness and simplicity, should come into such general use as to be easily procured in most villages, or even houses.

The construction of my apparatus is very simple, whilst it combines the hot air with the vapor bath:—

A dome-roofed boiler of tin, somewhat more than two inches in depth at the circumference, rests upon a tin stand with iron legs. The stand is four inches high. The boiler is nine inches in diameter, thus giving a larger surface for the generation of steam than any other equally portable apparatus.

The dome-cover of the boiler is fixed, and has two openings—one in the centre, to which a tube of two inches diameter is permanently adapted, the other, close to the circumference, somewhat more than an inch in diameter. This latter aperture serves as a feeder for the admission of water, and has a screw-cover.

The two-inch tube ascends for more than six inches, and a half before it is made to turn at right angles, so as to run horizontal to the floor, and joints are added, so that the conveying tube may be made long or short at pleasure.

Should the two-inch tube be made to turn before it has risen six inches and a half, the apparatus will not work so well.

The water should be put in boiling, and should only occupy, *at the utmost*, one third of the boiler.

As soon as the tube becomes heated, air rushes in at the feeding hole, and rises with the steam. Should the temperature rise too high, it may be lowered by the attendant withdrawing the lamp for a moment or two, or by pulling the cover on the feeding hole, which cuts off the supply of hot air.

The spirit-lamp should not be more than half filled with naphtha, or spirits of wine.

The lower surface of the horizontal tube rests upon a plane, *thirteen inches elevated* above the floor; a stool, hence, is required of this height, large enough for a chair to rest upon it, and also a small foot bath. I consider the immersing of the feet to the ankles in hot water adds much to the comfort and efficiency of the bath, as the hot air and steam *ascend*, and it is some time before the feet become enveloped in them. Laths should be nailed around this stool to prevent the chair from slipping off.

An earthenware spirit-lamp, like that sold by Griffin, of Glasgow, is the best; it need not have more than one wick orifice, and this should be three-quarters of an inch in diameter. I use the cylindrical wicks burnt in the library lamp, first rolling them up, so that the wick orifice may be completely filled. A metal lamp does not answer; the heat generated by the combustion of so large a wick is very great, and, being readily conveyed by the metal, makes the naphtha, or spirit, boil. In this way it might give rise to troublesome accidents; I have found these to occur with a well made copper spirit-lamp, but never with the earthenware one.

A copper lamp, with four or five wick holes, is attached to some forms of apparatus, but two or threel of the wicks cannot be burnt separately from the rest unless very well made screw-caps be made for each wick hole. These screws would bring the price of the *lamp alone* up to eight or ten shillings, whilst, if it become necessary to remove one of the screw-caps (in order to increase the heat), there would be a difficulty in effecting its removal, in consequence of its being too hot to admit of being touched.

The person taking the bath sits upon a chair placed upon the stool or table thirteen inches high, with his feet immersed to the ankles in hot water. A wooden hoop (of sufficient diameter to include the back of the chair and his body, and to extend forwards as far as his knees do in the sitting posture) is slung from his shoulders by two tapes, having cross belts extending across the breast and back, immediately before and behind the neck, which is included in the rectangular space inclosed by the cross-straps and the suspending tapes.

Behind, the hoop should be fastened to the back of the chair, so as to make it lie as much forwards as possible in front.

The cloak should be ample and long, sufficient to cover the patient, chair, and hoop, and to lie on the floor. There should be a slit behind, about thirteen inches above the lower edge, with a short sleeve (a foot long) sewed to it. Through this the steam tube is admitted.

In front there should be another short sleeve, capable of being easily reached by the hand of the person taking the bath; this sleeve is to be used for the purpose of passing out the thermometer and ascertaining the temperature. Strings should be attached to this sleeve, which strings may be tied or untied by the attendant.

The best material for making the cloak is the woollen stuff used for laundresses' ironing blankets, or Irish frieze, as recommended by Professor Macartney. The best description of the latter stuff can be had at three shillings per yard, and the cloth is about a yard wide; it is very thick, and impervious to steam. With a little attention, however, the bath may be effectively administered with the aid of common blankets; this I am able to assert from experience.

Professor Macartney's apparatus is well adapted for the purpose of applying steam at a *low* temperature in inflammations of the extremities or joints, but is not calculated for giving a general vapor bath for exciting general diaphoresis. Professor Macartney directs that, for the purpose of giving the general bath, the boiler and lamp should be included within the blankets or cloak. This alone is enough to condemn his apparatus, for the spirit-lamp and boiler should (for obvious reasons) always stand outside, and open to the inspection of the attendant.

The only apparatus which comes near mine in efficiency and portability is that of Duval, which, I believe, is in use at Guy's Hospital. This apparatus, entirely made of copper, it extremely neat in execution and ingenious in its plan; but the surface of water exposed for the generation of steam is much less extensive than in mine, the hot air (with the gases generated by combustion) rushes in much greater quantity and at a higher temperature, rendering it impossible to remain as long in the bath as when my boiler is used, and, finally, the price of the apparatus is at least six times greater than that of mine. Moreover, the plan and workmanship are so peculiar that (even if it were not a patent article) it would be difficult to have repairs made in the country.

Duval's apparatus certainly has the advantage of being applicable for the administration of baths of steam-and-sulphurous acid gas; but these are seldom required, and when the apparatus is completely fitted up for baths of this kind, the price amounts to about twelve guineas.

My apparatus is so simple that it may be made in any part of the country from my description; but any gentleman wishing to try it, and desirous to avoid the annoyance of tradesmen's blunders, may procure it at Morris and Osborn's, 32, Parliament-street, at the very moderate price of twelve shillings and sixpence, for the boiler tubes, two earthenware spirit-lamps, and a strong wooden box, not much larger than a hat-box, to hold the entire.

The cloak can be made by any tailor or sempstress, and the stool or table may be had for four or five shillings.

Fourpence worth of naphtha is sufficient for each bath.

London, June 6, 1843.

REGISTRATION OF DEATHS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I take the liberty of offering one or two remarks upon the letter of your correspondent, "A Medical Practitioner," inserted in your last Number.

When I proposed, in my communication to the Registrar-General, a very simple method of ensuring a more perfect registration of the causes of death, I never for a moment doubted the compliance of the great bulk of the profession in willingly, and without fee or reward, assisting in a great national undertaking, in the accomplishment of which the *science* they cultivate would be most materially advanced. I am still of the same opinion. Let any medical practitioner, how arduous soever his duties may be, reflect for a moment upon the few minutes in the year that it would cost him to fill up the table I suggested, and then compare this with the aggregate good which he would be one of the means of promoting, and I feel confident we should never hear from any respectable member of the profession the unworthy motive for refusal "that he was not paid"—for what? For a few minutes' labor in the cause of science! Surely a reflection of this kind ought not for a moment to rest upon a "learned and liberal profession." Do not let me be understood as arguing for the gratuitous performance of professional duties. I am the last person to advocate the non-payment of just claims to an ill paid, and often ill used, body of men. But I do not consider the registration of births and deaths a legitimate part of the duties of a medical man, still less do I concur with the proposal of *compelling* the members of the profession to furnish the registrars with the causes of death, and I should be one of the first to contend against so unjust and arbitrary a measure, and which it is obvious, upon the slightest reflection, would never be carried out. To advance the interests of medical science, few of the medical men in this country would, I trust, hesitate in joining; to comply with an arbitrary and unheard-of enactment, quite as few would, I am sure, come forward.

If I am mistaken about these points, then should I indeed blush for the profession to which I belong.

It is quite clear that something must be done, or the excellent object of the Registrar-General and Mr. Farr will not be attained. The plan of the latter gentleman I consider impracticable, because it would be neglected in the hurry of professional duties, and even when a certificate, as recommended by Mr. Farr, was left with the friends of the deceased, it would not contain the valuable information which a tabular form would supply. If it were considered that a small fee for each registration would ensure a more correct return, by all means let it be granted. All that I contend is, that the present system is worse than useless, for it causes important statistical errors, whereas the omission of registration would only be the loss of statistical facts. Let me briefly illustrate this. In the last number of the Transactions of the Association, there is article upon the Medical Topography of Sidmouth, by Mr. Jeffrey; and I find in his report of the dispensary that, in six years, there were admitted 3655 cases of disease, and out of that number only 11 cases of phthisis. Upon turning to the Registrar-General's Report, I find the deaths under the head "consumption," during the year 1841, in the counties of Essex, Norfolk, and Suffolk, amount to the startling number of 4037!—in the county of Suffolk alone, 1312. How am I to infer that the "phthisis" of Mr. Jeffreys, and the "consumption" of the report, mean the same disease. I am anxious to make a comparison as to the prevalence of this disease, but I am stopped *in limine*, because I cannot rely upon the correctness of the returns sent to the Registrar-General. *Ex uno disce omnes.* I am forced to the conclusion that the present reports afford me no accurate statistical data upon which I can discover the information I desire.

Let me press this matter upon the attention of those who have the real interests of the profession at heart, and I am sure they will agree with me, that a few paltry registration fees are as dust in the balance when compared with the good they have now the means of effecting.

I am, Gentlemen,
Your obedient Servant,
C. R. Bree.

Stowmarket, June 12, 1843.

REGISTRATION OF DEATHS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The profession we belong to certainly is a noble, honorable, and Christian profession; but there are occasions when the conduct of its members makes one almost ashamed of belonging to it, and of being obliged to call them brethren. Such is the abominably idle example which many are at the present time setting in the refusal to assign the cause of death when called upon by the registrar. It is a true piece of lazy self-indulgence, to gratify which, by the saving themselves the trouble of writing a few words, they are willing to obstruct the progress of investigations which they have not mind enough either to comprehend or to value, because they do not see any necessary connection between statistical inquiries and £ s. d.

A correspondent of yours in the last week expresses his conviction that there ought to be a compulsory law obliging medical men to certify the causes of death. This remedy is, I apprehend, quite out of the question. Parliament has no power to command the services of medical men, and the only authority which possesses this power over a portion of the profession is that of the poor-law commissioners, who, if they chose to exercise it, have only power over their own servants.

This being the case, I would suggest that a very simple and efficient remedy for the evil is in the hands of the Registrar-General. Let him only require every registrar to state in his report the authority from which he obtained his information. By this means it would at once be seen what reliance might be placed upon the report, and the error would be avoided, which now seems inevitable, of adopting a mass of worthless evidence as a part of the foundation for their statistical reports. I would suggest that it is not enough that the registrar should make the general entry under the head of "authority for information," as the medical attendant, or as a medical man, but he should state the name in full of the medical man who supplied the information. This would enable the Registrar-General to know upon whom he can rely for information, and would also enable him to estimate more correctly the value of the information. This particular would only be given for the information of the Registrar-General, and ought, of course, not to be published in his annual report.

I am aware that, by such a proceeding, the number of the facts in the annual report would be vastly diminished; but it surely would be far better to be able to sift the wheat from the chaff, and to build upon a foundation of truth, rather than to rest upon the authority of what, in a very large proportion, is utterly worthless—indeed, worse than worthless, from being mixed up with fact, and giving the whole a dubious character.

I am, Gentlemen,

Your obedient servant,

June 21, 1843. Chirurgus.

PAROCHIAL MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I have been actively engaged in practice nearly forty years, and have witnessed many changes, some of which have tended to raise the character of the medical practitioner, although they have not enriched him. The introduction of the new poor law has dealt "a heavy blow and great discouragement" against the medical profession; and it was truly observed by the late Sir Astley Cooper, in a conversation with him on the subject, that if the older members did not stand in the breach, the juniors must at no very distant period become barber-surgeons again. But with every disposition to afford that assistance, it is much to be feared that it will avail nothing whilst men are to be found voluntarily seeking their own degradation by advertising their services to attend families at their own houses and supply them with medicine at four and five shillings a week, clubs at a rate below the payment of a common laborer, and midwifery at a lower sum than the commissioners have fixed.* If members of the Royal College of Surgeons, and Licentiates of the Apothecaries' Company, so far forget the duty they owe to themselves, and to the profession of which they are unworthy members, by setting so low a value on their services and skill, they have no right to complain that the commissioners take them at their own estimate, nor are they entitled to protection from the profession or the public. Much as the poor-law commissioners have done to degrade the medical profession in public estimation, they never could have succeeded to such an extent, but for the want of unanimity and cordiality which ought to exist amongst the members of a liberal profession; and the authorities, taking advantage of the petty jealousies and unhappy divisions which unfortunately prevail amongst us as a body, have imposed terms which, under different circumstances, they would scarcely have ventured to dictate. To ensure the respect of the public we must be careful that our own conduct be irreproachable. It is high time that a broad line of distinction should be drawn between the respectable class of practitioners and those who disgrace themselves and assist in dragging others down to their own level.

The experience of the past affords but slender hope that such men will abandon a line of conduct alike injurious and unjust to the profession and to the poor, or that the commissioners will revoke their stern and arbitrary edicts, and yield the power they have obtained; nevertheless it is the duty of every humane man to endeavour to amend the system.

Having given the subject of medical relief for the poor much consideration, and being well acquainted with their necessities and habits, I stated to Mr. Weale, the assistant-commissioner on the formation of the Bridgwater union, my conviction that the medical districts were so extensive as to render it impossible for the surgeons to discharge their duties efficiently, however great their zeal or activity may be, and that such a division must preclude the poor from obtaining assistance in time of need. My opinion was the result of a long experience and an intimate knowledge of the locality and wants of the poor. Subsequent observation has confirmed the correctness of that opinion, which a reference to the evidence given before the select committee of the House of Lords will amply prove. The commissioner, although an entire stranger to the neighbourhood, persisted in his determination, the consequence of which was that seven surgeons were appointed to undertake the care of forty parishes, the duties of which had been previously divided between seventeen practitioners.

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* It is a well-known fact that the poor, or more properly speaking those who belong to the second class, are often reduced to the greatest destitution from having pawned every thing they can part with to satisfy these rapacious men, who, like true Shylocks, insist on being paid before hand; and these poor creatures declare that they have been driven to such a dreadful alternative by having the fear of the union house before their eyes.

The Bridgwater union may be taken as a fair example of the general extent of unions, which I contend are too large, if it be the object of the legislature that the wants of the poor, especially in the medical department, should be properly administered to. Let us examine the duties which a medical officer is called upon to undertake, and his ability to discharge them faithfully. He contracts to attend the poor of six or eight parishes, extending over an extensive area, with perhaps a scattered population, residing at considerable distances from each other; or a union house containing three or four hundred inmates, and a large and populous district besides; in all cases of sickness and accidents, to supply them with all medicines and surgical appliances, and to deliver the women when directed by an order; in addition to which he sometimes holds the appointment of vaccinator, and registrar of births, deaths, and marriages. Besides these multifarious duties, which the union surgeon is expected to discharge, he must attend to his private practice, which, if it be worth anything, must occupy a great portion of his time, particularly if he is much employed in midwifery; and this is generally the case with that class of practitioners who are preferred, because they cannot consistently exact a larger fee from their private patients than they obtain from others whose situation in life is very little better than paupers. It often happens that the number of sick in a union house amounts to fifty or sixty, besides those who reside in their own houses and at considerable distances from each other. Amongst this number there must be urgent cases which frequently require more than one daily visit. A man of great physical power, active habits, and great energy would find it extremely difficult—nay, impossible—to bestow on so many patients the attention which their cases demanded, and the pittance which he receives for the labor performed is so inadequate that he cannot afford to keep an assistant. What, then, is to become of the patients of the union surgeon, some of whom may be suffering from acute inflammatory disease, dangerous wounds, compound fractures, or retention of urine, &c. &c., in the event of his being detained with a private patient in a case of midwifery for twenty-four or thirty-six hours, or even a longer period, an occurrence by no means uncommon, particularly among that class of patients who usually employ the junior members of the profession, some of whom, it is to be regretted, too often put themselves on a level with midwives, and compete with them for practice? A friend may occasionally render his assistance; but it is too much to expect that another practitioner, who is as hardly worked and badly paid, will long continue to afford it. The necessary consequence is, that the sufferers must often be neglected, to the mortification and pain of every conscientious man. Under the present system one of two evils must happen—union surgeons must consent to submit to pecuniary loss, in the hope of not being driven from their practice by the introduction of strangers; or the poor must be neglected. It will probably be objected that the entries in the medical officer's book secure regular attendance, and afford a complete refutation of such a charge; but it has been proved on oath before the select committee of the House of Lords that such documents cannot always be relied on, and that visits have been entered to patients long after they have been dead and buried.

If a union house contains three or four hundred beds, and the average number of sick ranges from thirty to sixty, it ought to be consigned to the care of one qualified practitioner, who will find his time fully occupied if he has a fair share of private practice, as to prevent him from devoting any to another district, or incidental avocations. But I am aware that this is contrary to the opinion and practice of the poor-law commissioners, who contend that if the union house and district were divided between two medical men, each would be endeavoring to shift the burden from his own shoulders to his neighbours, and constant collisions and complaints would arise. The true reason is, that boards of guardians can make a better bargain with a single individual, who undertakes the two duties at a lower rate than two would do, if the labor were divided, and as the saving of money is an avowed object, I cannot help attaching much weight to this opinion. The assertion or resolution of a board that the medical duties are performed to their satisfaction, proves nothing. It is one thing to satisfy a set of men whose main object is to cut down expenses, but a very different affair to convince the poor, under the circumstances above referred to, that they receive the care and attention to which they are entitled.

Some analogy is assumed between a medical parochial appointment, and that to one of the medical charitable institutions of the country. The election to the latter is a mark of distinction, because it is the consequence of merit. The office gives dignity to the officer; but as long as the medical parochial office is obtained by pecuniary competition, it must degrade the holder. Would the governors of a public institution acquiesce in the appointment of a single practitioner, or consider him competent to discharge the duties of his trust, if the average number of in-patients amounted to ten, and the out-patients to treble that number; and would subscribers continue to pay their subscriptions if such a state of things was allowed to exist? Most certainly they would not. Public institutions for the sick, on a small scale, have seldom less than two or three medical officers attached to them, and often a resident besides. Why, then, should the burden of a large district be imposed on one individual, who is so badly paid that he cannot afford to have that assistance which he must constantly require. The characteristics of the medical profession are kindness and humanity. No other involves so much responsibility, anxiety, and personal labor, and no men give up so large a portion of time and labor gratuitously to the public. There is scarcely a town in England in which some institution for the sick may not be found with medical men attached to it, earnestly and anxiously carrying out the benevolent object of its supporters. It might, then, have been reasonably expected that the legislature would have protected so useful and liberal a body, rather than have encouraged a crusade against them.

The office of registrar is as degrading to the holder as it is unfair to his brother practitioners, and gives him an undue preference. The man who descends to accept such an office will not be very particular in his conduct towards others, nor will he hesitate to intercept any advantage which properly belongs to another. Thus, when one of his own body has been watching a case of midwifery for a day and night for a less sum than a mechanic would require for the same time, is vainly consoling himself that he shall obtain a trifling addition by vaccinating the child at whose birth he has assisted, he has the mortification of finding his fair expectation anticipated by his monopolising colleague.

In the olden time it was not unusual to see pourtrayed in the window or shop of the general practitioner, "Opi fergue per ortem de cor, &c.," but the newly created functionary of the nineteenth century now places conspicuously over his door—"A. B., Surgeon, Registrar of Births, Deaths, and Marriages." A far more appropriate inscription would be—

> "I am parish clerk and sexton here,
> My name is Caleb Quotem," &c.

Did Galen or Hippocrates ever contemplate that their disciples would usurp such titles and offices?

These evils can only be remedied by lessening the size of the districts, and subdividing the labor, by exciting a better spirit amongst the members of the profession, and by drawing a strong line of distinction between those who seek to uphold the honor and dignity of our character, and that class of men who have been fostered and encouraged by the poor-law commissioners, and who have been ready and willing to do their bidding. Until such desirable objects are obtained the poor must continue to suffer.

I remain, Gentlemen,
Your obedient servant,
JONATHAN TOOGOOD.

Bridgwater, June, 1843.

CASE OF ENCYSTED TUMOR CURED BY IODINE INJECTION.

By H. H. GOODEVE, M.D.

MRS. A——, aged thirty, consulted me in January last for the removal of a tumor from the left side of her neck. The swelling was about the size of a small fist, situated just above the clavicle upon the course of the subclavian artery. It was moveable and elastic, evidently containing fluid, but causing no pain or inconvenience save an occasional numbness of the arm produced by the pressure of the tumor on the brachial nerves. The diseased structure was the growth of a few months, and was rapidly increasing. Mrs. A.'s health was good, and she was very anxious to have the tumor excised. It was, however, too evidently a hydrocele of the neck to permit the use of the knife until other measures had failed, and I resolved to attempt its cure by promoting adhesive inflammation in the walls of the sac. The very great success which had attended the iodine injections recommended by Mr. Martin in scrotal hydrocele, induced me to give that method a trial. Accordingly, on the 16th of January, I punctured the tumor with a trocar, and, having discharged its contents, which consisted of a thick, glairy serum, I injected into it two ounces of a solution of iodine, made by adding three grains of solid iodine and a drachm of hydriodate of potass to six ounces of water. The tumor almost immediately swelled up to more than its original size. This swelling increased in the course of the next day, and the part became very painful and red. It continued in this state for five or six days. At the end of that time the tumor began to subside, and the pain and redness diminished rapidly. In the course of another week that side of the neck was nearly as flat as the other, a small lump only remaining in the site of the original tumor; this finally disappeared, and no vestige of it could be observed at the end of six weeks. During the whole time little or no constitutional irritation manifested itself.

The complete success which attended this case is an additional proof of the value of iodine injections in tumors of this nature. Another disease is thus added to the list of those over which this powerful remedy has so much influence; of all remedies recommended for the cure of encysted tumors, this appears to be the most desirable. It is simple, and easily applied, producing comparatively but little inconvenience or suffering. It is very superior to the seton, inasmuch as it is less formidable and far less painful; it appears to be more certain than any other of the stimulating injections, and, of course, it cannot be compared to the plan of slitting up the tumor and procuring an obliteration of the sac by suppuration. Indeed, I can see nothing to contraindicate its use in diseases of a similar character to that which I have related.—*Bengal Transactions.*

WOUND OF THE AORTA AND PERICARDIUM.

The following case is interesting in a medico-legal point of view:—A Spanish refugee was struck by one of his companions with a knife in the back. The blade broke at a little distance from the skin. The patient walked to the hospital, where he died two hours after. At the *post-mortem* examination, it was found that the knife had penetrated between the seventh and eighth dorsal spines, that it had cut or broken a portion of one of these processes, crossed obliquely the vertebral canal, traversed the body of the vertebra from below, and a little to the right side of the centre, and then wounded the aorta below its arch. The pericardium was divided to the extent of five millimetres; it contained three grammes of blood. The pleuræ, but more especially the left, were filled with a considerable quantity. The spinal cord was not affected.—*Bull. de Thér.*, June, 1842.

RETROSPECT OF THE MEDICAL SCIENCES.

SOFTENING OF THE HEART IN TYPHUS FEVER.—INDICATIONS FOR TREATMENT.

Dr. Graves, in his "System of Clinical Medicine," rejects the opinion that softening of the heart, or the interstitial infiltration of a peculiar secretion, is the cause of the debilitated cardiac action observed in typhus. The author believes that the heart, in that form of disease, becomes debilitated from the same cause as that which gives rise to powerlessness in the voluntary muscles, as, for example, the bladder and sphincter ani, such cause being the general prostration of nervous energy. "I impute," says Dr. G., "this condition (cardiac softening) to the effect of putrescence, a process which, it is well known, sets in with great rapidity in cases where death has been caused by any malignant disease. It seems difficult to conceive how the heart could contract in a case where 'the *right cavities* were softer than natural, admitting the fingers through their walls without much resistance; and in which, in the muscular structure of the left cavities, this change was much more remarkable, the weight of the finger being almost sufficient to penetrate its walls, they were so exceedingly softened; it was very easily torn, and the edges thus separated had no longer the moistened appearance, but seemed as if quite dry. The septum cordis was equally softened; there was some dark fluid blood in the right cavities.'

But the fact cannot be denied that, in many cases of typhus, the heart becomes weak—that this weakness is manifested by a decrease in the strength of its impulse, or in the intensity of its sounds, or a change in their relative loudness and duration; and, though I have never witnessed these changes without accompanying debility of the entire muscular system, and other evidences of prostration, yet I fully agree with Dr. Stokes, 'that in the diminished impulse, and in the feebleness or extinction of the first sound, we have a new, direct, and important indication for the use of wine in typhus fever,' and one from which the junior practitioner in particular will derive the greatest assistance."

ON THE MECHANISM OF THE FIRST INSPIRATORY MOVEMENTS. BY DR. ENDER.

The act of inspiration begins with the manifestation of a vital power—the effective co-operation of the inspiratory muscles, which dilate the thoracic cavity. The contractile action of the lungs which immediately follows is in obedience to laws purely physical. During the act of each inspiration the lungs are forced into immediate contact with the parietes of the chest, otherwise a vacuum would take place between the latter and the lung; hence dilatation of the thorax is impossible without a simultaneous inhalation of air. Let a bladder, communicating with the external air, be introduced under the bell of an air pump; as soon as the receiver has been exhausted, the bladder will dilate at the expense of the external air with which that within the bladder maintains itself in equilibrium.

Similar to this is the dilatation of the lung during inspiration, an act as purely physical, and requiring only elasticity of the pulmonary tissue, which the lung is admitted to possess in a high degree, and without which it must inevitably be ruptured by the forcible expansion which follows each successive current inwards of air. If we suppose inspiration at its maximum, the entire pulmonary parenchyma is densely supplied with air—filled, indeed, beyond its natural capacity; each bronchial ramification and air vesicle is dilated beyond its normal standard; the diaphragm is tensely stretched, and the abdominal covering drawn forwards.

Expiration succeeds; the muscles heretofore engaged relax and lose their influence; the substance of the lung, distended above its natural volume by air, contracts from its inherent elasticity; the walls of the chest, yielding to the atmospheric pressure, follow, and prevent the occurrence of a vacuum in the cavum pleuræ, whilst the highly elastic attachment of the ribs, by cartilage, ever struggling to regain their position of repose, favors this retractile movement of the pulmonary apparatus most signally. The diaphragm, also, a muscle active only during inspiration, influenced by the same mechanical impulse, retiring with the yielding lung, becomes concave, and hence prevents (between itself and the lung) the vacuum which here, likewise, would otherwise occur. Where, then, is there here a vital power? The lung contracting by reason of its own elasticity, the pressure of the external atmosphere, the highly elastic attachment of the ribs by cartilage, satisfactorily and completely explain the act of expiration.

When the lungs have now returned to their natural capacity, the medium between inspiration and expiration, and expelled their superabundant supply of air, the still continuous action of the expiratory muscles on the thoracic walls succeeds, hitherto unnoticed, which, compressing the lungs, forces from them in turn a further quantity of air, till diminished below their natural volume; their elasticity, in striving to recover itself, distends the parietes of each air vesicle, and thereby induces the first impulse to each new and succeeding inspiration. This presumed agency of the expiratory muscles, just at the moment when the lung has resumed its standard capacity, explains many physiological phenomena otherwise unaccounted for. Up to the present period the rhythmical periodicity of involuntary breathing is enigmatical. That this rhythm is not occasioned by irritation of the atmospheric air upon the nerves of the respiratory apparatus, is evident from the fact that division of the nervi vagi in the neck, and of the superior laryngeal nerve, by which susceptibility of irritation from atmospheric air in the lung is completely interrupted, interferes not with this movement. At the close of expiration, as we have mentioned above, when the pulmonary tissue, forced by its inherent elasticity again to reseek its condition of dilatation, this commencement of a mechanical power induces the rhythmical tendency of movement in the inspiratory muscles. The regularity of a vital movement is hence superinduced by physical agency, and the uninterrupted current from the medulla oblongata maintained through the medium of the pulmonary elasticity. During sleep, when inspiration is much deeper, and expiration more forcible than while walking, the rhythm of the involuntary respiratory movements is inexplicable, if we do not admit this mechanical co-operating power. The first inspiration of the new-born infant was until now a subject of dispute. Müller conceives its cause to depend on the irritation which the arterialisation of the blood in the lung exercises on the medulla oblongata. But this theory presupposes an act, or, at least, the commencement of an act, of breathing to have already taken place. On the contrary, examine for a moment the relative pressure in which the fœtus in utero, and that under which the recens natus exist, and our opinion must be different.

As long as the fœtus remains within its mother, it is subject to the pressure of twenty-eight inches barometric measure; but it is also compressed by the uterine fluids within which it is enclosed, and by the superincumbent walls of the uterus itself. The embryo lung is a compact body, whose tissue contains no air, and is specifically heavier than water. After birth the thorax is only subject to the twenty-eight inches barometric pressure; and elasticity, now relieved from its external resisting influences, becomes active; dilatation of the pulmonary tissue takes place; the blood, undergoing arterialisation at the same time, acts as an irritant on the medulla oblongata, and thus is brought about the first muscular act of inspiration. A vital power is here subsequent and subservient to the commencing effort of a mechanical one.—*Rust's Magazin, für die gesammte heilkunch, in Dublin Journal.*

THE DIAGNOSIS OF UTERINE DISEASE.

In ascertaining the diseases of the uterus, we have it in our power to avail ourselves of both the classes of symptoms of which I have spoken; or, in other words, we may form our judgment of its morbid conditions, both by studying the vital functional derangements, local, sympathetic, and constitutional, that may be present; and by informing ourselves, by physical diagnosis, of the exact existing state or states of the organ itself. Each of these classes of symptoms may afford us most important information, and in all cases where both can be had recourse to, our diagnosis will be greatly more certain under their combined evidence, than if the data furnished by either were alone trusted to. Of the two (if we are to make comparisons between them) the physical symptoms are assuredly, in most cases, by far the most valuable and trustworthy, and yet in the common course of medical practice, the testimony which they are capable of affording is but too frequently neglected and overlooked, and the functional and much less faithful class of symptoms alone relied upon, as well in forming the diagnosis as in directing the measures of treatment.

Thus, if we attempt to analyse the mode in which the medical practitioner usually endeavours, in any suspected case of uterine disease, to detect the presence and character, or ascertain the absence of such an affection, we will find, I believe, that he generally proceeds by taking into consideration some or all of the following sources and varieties of information:—

First, The local and functional state of the uterus, so far as it is indicated by the quantity, character, periodicity, &c., of the menstrual and mucous secretion of the organ; by the occurrence or non-occurrence of morbid uterine or vaginal discharges—as of blood, serous fluid, pus, &c.; by the existence or not of morbid sensations in the region of the uterus—such as different modifications of pain, intermittent or continuous, feelings of heat, weight, tension, bearing down, &c.; and, if the patient be married, by the reproductive powers of the organ—as shown by sterility, by the recurrence of abortions, &c.

Secondly, The presence or absence of various morbid affections of the neighbouring viscera, particularly of the rectum and bladder, and of branches of the vessels and nerves passing through the pelvis, as indicative either of their sympathetic irritation or of their mechanical compression by the enlarged or displaced uterus.

Thirdly, The existence or non-existence of secondary local neuralgic pains in the mammæ, along the lower extremities, in the loins, and at points along the course of the spinal column, in the parietes of the thorax or abdomen on one or other side (and especially under the left breast, and under the margin of the ribs), along the colon, &c., increased in their intensity by any causes of increased action in the uterus itself, by the erect posture, by menstruation, &c.

Fourthly, The state of the general constitution of the patient, as marked by various degrees of deviation from the standard of health, and especially by the supervention of nervous, hysterical, dyspeptic, chlorotic, or cachectic symptoms.

The several preceding series of morbid phenomena consist of derangements in the vital actions of the uterus, or of other parts and organs secondarily affected, or of the constitution at large, and so far strictly belong to the class of functional or dynamic symptoms only. Up to a late date in the history of uterine diagnosis, most practitioners remained, and some still remain, satisfied with the degree of knowledge which is afforded by the above sources of information. No one, however, who is practically acquainted with the diseases of the uterus can have any hesitation in declaring that the symptoms derivable from these sources, are utterly inadequate, in the general routine of such cases, for the purposes of correct diagnosis, and are constantly liable to lead into fallacy and error when their individual evidence is alone trusted to. In making this observation, I do mean to allege that these classes of symptoms are not sufficient to give us the power in most, though not in all instances, of detecting the actual presence of uterine disease. They are perfectly deficient, however, in this other point, that, by their single unassisted aid, we cannot ascertain what the exact character and nature of the existing disease is, nor, consequently, what may be the proper line of treatment requisite for its alleviation or removal. They may generally, in other words, enable us to decide that the uterus is the seat of some morbid condition, but are not adequate to inform us what that morbid condition really is. They may show that the organ is affected, without showing us how it is affected.—*Prof. Simpson, in Lond. and Edin. Monthly Journ.*

CONSEQUENCES OF A STING IN THE EYE. BY DR. KRIEG.

A man of sixty had been stung, about five weeks previously, by a bee in the left eye. The sting was believed to have been taken away by the patient's ordinary attendant; but matters went on from bad to worse, and it seemed as if the eye must be lost. On examining the eyeball very attentively, an elevation, the size of a millet seed, was perceived nearly in the centre of the cornea, and this, upon being touched laterally, was found to contain something hard, which proved to be the entire sting of the bee. In a month the cornea had so far recovered its transparency, that the iris could be seen through it, and by degrees, the eye was completely restored.—*Casper's Wochenschrift*, No. 48, 1842.

SHAPE OF THE CRANIUM IN THE INSANE.

The shape of the cranium does not appear to have any connection either with the production or species of the disease. Many of our uncured patients have very well-formed heads; some, on the contrary, with badly-formed heads have got well. Georget says, one encounters, among madmen, the same formation of the head as among those of sound mind. Foville asserts that this is not strictly correct; there were more than fifty malformations of the cranium in the three hundred patients then in the hospital. I conclude that this remark applies to the madmen only, and not to the idiots under his care. The receding of the forehead is the most striking alteration of the bone, and therefore, perhaps, most frequently observed in insanity. The bones of the cranium differ very much in appearance in different madmen. Sometimes they are so thin as to be translucent, at other times they are preternaturally thickened; the thickness is also sometimes unequal. In some, the diploë has entirely disappeared, and the bone is hard and brittle; in others it is more than usually developed, and the external table is comparatively soft and yielding. Rough deposits of bone and spiculæ are found in various parts of the inner surface. The eburnated cranium which is sometimes found was supposed by Gall to have been accompanied by a disposition to commit suicide; this has been proved not to be correct.—*Dr. Sutherland's Clinical Lecture.*

CONNECTION OF CHOREA WITH RHEUMATISM—PERICARDIAL IRRITATION.

The connection of chorea with rheumatism is not the least interesting feature in its history. It often occurs in the rheumatic diathesis, as I believe is indicated by the frequent coexistence of chronic valvular disease of the heart with it, and it frequently comes on after attacks of rheumatic fever. In the case of a lad, fourteen years of age, who was in the hospital two years ago, the first attack of chorea came on four months after one of rheumatic fever; a year after this he had a second attack of chorea; some time afterwards he had another attack of rheumatic fever, and in three months another one of chorea. The records of practical medicine contain abundant evidence to warrant the assertion that *the rheumatic state of constitution is favorable to the development of chorea.*

"We must, however, distinguish between the true chorea occurring in rheumatic habits and those chorea-like movements which have lately attracted the attention of physicians as symptomatic of disease of the pericardium or heart. These latter are examples of reflex movement, excited by the stimulus of irritation conveyed from the heart to the nervous centres, and thence reflected to the muscles of the extremities and the face, causing in the latter a peculiar sardonic expression, which to the practised eye is very characteristic of pericardial irritation."—*Dr. Todd's Clinical Lecture.*

ANEURYSM OF THE ABDOMINAL AORTA, OPENING INTO THE PARENCHYMA OF THE LUNGS.

Dr. Stokes, on presenting some specimens to the Dublin Pathological Society, said they were of great pathological interest, they belonged to a case of aneurysm of the abdominal aorta at the commencement of its course, immediately under or between the crura of the diaphragm, and exhibiting a mode of termination that had not as yet been described. In some cases of this affection the opening has been into the pleura, in others into the stomach; into the peritoneum; or behind the peritoneum, forming tumors. In the case now communicated by Dr. Stokes, the aneurysm had opened into the substance of the lung. The subject of the case had been first seen by Mr. Pakenham, and subsequently by Mr. Colles and Dr. Stokes. He complained of intolerable pain in the lumbar region, which was aggravated by motion, but relieved by lying with the back towards a fire, or by turning on the face. There was strong pulsation in the epigastrium, and a strong *bruit de soufflet*, or bellows murmur. From all the symptoms, Mr. Pakenham considered the case to be one of aneurysm of the abdominal aorta; in consequence of which, the consultation was determined on. Dr. Stokes ascertained that the patient had been complaining for eighteen months, and that he suffered pain of two distinct kinds, one of which was dull and was constantly felt; the other was a violent lancinating pain which only occurred in paroxysms, often darted downwards into the scrotum, and was not observed for the first time, until three months after the other had commenced. The seat of pain was along six vertebræ, the three last dorsal, and the three contiguous lumbar. The pain was increased by pressure on any part of that tract, or by any motion of the spine. A little to the left of the epigastrium was the tumor, in which could be felt a pulsation, evidently coincident with the diastole of the heart. When deep pressure was made, there was an extreme diastolic force perceptible. The *bruit de soufflet* was increased by motion, and was not audible posteriorly. The pulse was regular, about 80 in the minute; the appetite bad; towards the termination of the case there was pain in the right shoulder. The patient died on this day (January 8) in a state between syncope and asphyxia, after expectorating a large quantity of blood. On the preceding day his appearance was very haggard, the tumor was pulsating violently, and contrary to what is usual in these cases, the pulse was singularly rapid.

When the body was opened, a small quantity of blood was found in the stomach, which had probably been swallowed in the last agonies of life; there was no effusion into any of the serous cavities. The lung was prodigiously gorged with blood, much of which had been poured into the bronchial tubes; the surface of the lung was abraded when it was in contact with the aneurysm. The aneurysm itself was not very large; it was situated immediately between the crura of the diaphragm, between which it passed upwards until it came into contact with the inferior lobe of the lung; the aperture in the artery was in its anterior wall. There was no perforation of the diaphragm by absorption, but the tumor had forced its way upwards between the crura, merely dissecting through cellular connections.

Dr. Stokes concluded by remarking that there were three circumstances in this case which rendered it of great value :—First, the diagnosis of the aneurysm from symptoms; second, the confirmation of the stethoscopic signs; third, the peculiar mode of termination, which, as he stated at the commencement, had not been previously described by any pathologist.—*Dub. Journ. Med. Sci.*

ATROPHY OF THE UTERUS—AMENORRHŒA.

Dr. Montgomery made some remarks on the functions and pathology of the uterus. He said that it had frequently been observed that the catamenia were absent in cases where there was organic diseases of the lungs, liver, or heart. He had found that in these cases there is not only suspension of the function, but a diminution of the uterus itself. Of this there was an instance in the case he had now to communicate. The subject was a woman who died in Sir P. Dun's Hospital, affected with phthisis and disease of the heart. There was amenorrhœa. The aortic valves were diseased, and the uterus, as the society would perceive, was exceedingly small, and was besides almost membranous. The mucous membrane of the os uteri and upper part of the vagina were in a state of inflammation. It was evident that in such cases where the amenorrhœa depended on the physical incapacity of the organ, emmenagogue medicines would not only be useless, but might be positively injurious. Dr. Montgomery concluded by observing that from what he had just detailed, practitioners would perceive the necessity of examining the size of the uterus in cases of amenorrhœa, and this, he thought, could be best ascertained by the finger introduced into the rectum.—*Ibid.*

MANCHESTER SCHOOL OF MEDICINE.

At the conclusion of the last winter session, prizes were awarded to the following students for excelling in the examinations in the different classes, as under:—

Anatomy, Physiology, and Pathology (conducted by Mr. Turner).—First prize, Mr. James Taylor, Salford; second prize, Mr. W. M. Goodlad, Cheetham-hill.

Practice of Physic (conducted by Dr. Chaytor).—First prize, Mr. E. W. Mayne, Bath; second prize, Mr. M. O. Larmuth, Salford.

Midwifery, and Diseases of Women, &c. (conducted by Mr. Heath).—First prize, Mr. Thomas Willmott, Cheshire; second prize, Mr. M. O. Larmuth, Salford.

Principles and Practice of Surgery (conducted by Mr. Ransome).—First prize, Mr. E. W. Mayne, Bath; second prize, Mr. Harry Anthony, Mr. M. O. Larmuth—merit equal.

Materia Medica, &c. (conducted by Dr. Ainsworth).—First prize, Mr. John G. Yates, Pendleton.

WESTMINSTER HOSPITAL.

Mr. Hale Thomson has been elected to the office of surgeon to this institution, vacant by the resignation of Mr. Guthrie, and Mr. C. Guthrie has been appointed the assistant-surgeon.

OBITUARY.

On the 22nd ultimo, at Brompton, in the forty-ninth year of his age, Adam Hunter, M.D., late physician to the Leeds Infirmary.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, June 23, 1843.

Jabez Carr, William N. Walker, Edward C. Hill, Charles W. Beckitt, Edward K. Parson, Henry W. Pain, George Sayle, Elijah Dodd, William Smith.

APOTHECARIES' HALL.

Licentiates admitted Thursday, June 29, 1843.

James Henry Gramshaw, Gravesend; Thornton Marshall, Exeter, Devonshire; George Geere, Newhaven; John Coventry, London; Henry Bentall Evans; Christopher John Newstead, Bubwith, York; Joseph Parson Bourne, Childs Ercull, Shropshire; William Churchill Dempsey, Cardiff.

TO CORRESPONDENTS.

T. P.—The letter on foreign medical degrees has been received, but we do not consider the subject one which merits further discussion.

⁂ The following addition to *Mr. Bree's* letter arrived too late for insertion in the body of the Journal:—"Since writing the above, I have made a further suggestion to the Registrar-General upon the subject. I proposed that the offices of registration of *births* should be separated from that of *deaths*; that the former should be undertaken by the relieving officer, or other competent person, in large districts, but that every medical man, either in public or private practice, should register the deaths which fall under his notice, receiving for each case the same fee as the present deputy-registrar. To this suggestion the Registrar-General has replied, 'that, however desirable, he has not the power to carry the plan into effect under the present Act of Parliament.'"

ERRATA.

In last Number, p. 245, col. 1, line 49, and at p. 246, col. 2, line 49, for "L'Allemand," read *Lallemand;* p. 245, col. 2, line 1, for "sanguine," read *sanguineous;* line 43, for "which retained," read *which latter was retained.*

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS, TO DR. HENNIS GREEN, 58, MARGARET STREET, CAVENDISH
SQUARE, LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION,
TO DR. STREETEN, WORCESTER.

Printed by SAMUEL TAYLOR, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand
and Published by HENRY RENSHAW at his residence, No. 356, Strand.—Saturday, July 1, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 145.] LONDON, SATURDAY, JULY 8, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CLINICAL LECTURES

DELIVERED AT THE

METROPOLITAN FREE HOSPITAL

BY MR. BENNETT LUCAS,

Senior Surgeon to the Institution, Lecturer on Surgery, &c.

Lecture IX.—April 7, 1843.

Gentlemen,—The third stage of gonorrhœa, or that of gleet, presents so many varieties that, before speaking of the symptoms which characterise it, I shall first trouble you with the narration of some cases which presented themselves to us this session, and which you will probably recollect, as I directed your attention to them during their treatment.

Case I.—W. J., aged twenty-seven, admitted on November 18, 1842. This patient is of a decided scrofulous diathesis, and has the cicatrices of former abscesses in his neck and right arm. He suffers from a yellow discharge from the urethra, which is unaccompanied by scalding or chordee. On pressing the urethra from its external orifice to the perineum, no hardness can be detected, nor does the pressure give him pain. The lips of the urethra are slightly swollen, and redder than natural, in which also the urethra, as far as can be seen, participates.

He contracted gonorrhœa for the first time nearly twelve months ago, and was never perfectly cured of the discharge, which has varied in quantity since that period; sometimes being very profuse, at other times amounting to but a few drops during the twenty-four hours, but always being of the same yellow color. The discharge is more profuse in the morning, especially if he had drank more than usual the preceding day, or had taken more than his ordinary exercise. He has had no reason to suppose, from the presence of any of the inflammatory symptoms which attended the disease at its commencement, that he had contracted gonorrhœa a second time, although he has not abstained from sexual intercourse.

He has used various remedies—drops, mixtures, and pills; also injections of one kind or another. The medicines he took internally usually affected his bowels. He makes water freely and in a full stream. A bougie, of a moderate size, was passed, which entered the bladder freely; a full-sized bougie was then introduced, which gave him slight uneasiness; this was allowed to remain in the urethra for ten or twelve minutes. He was ordered to take forty drops of muriated tincture of iron three times a-day; to bathe the nates, the lower part of the abdomen, and the organs of generation, night and morning, with cold water, and to rub the parts well dry with a coarse towel.

Nov. 25. The day after the bougie was passed he had slight pain along the urethra when he made water; this gradually subsided, and he is now free from it. The discharge was also very considerable, but he says it is now less than it was when he first applied. His bowels have not been moved for the last two days. The redness and tumid state of the lips of the urethra still continue. He was ordered to regulate his bowels with the aperient mixture of the hospital, and then to resume the muriated tincture of iron in the proportion of twenty drops four times a-day; also to continue the local cold water bathing.

Dec. 2. The discharge has been much less for the last few days, and more slimy. The lips of his urethra cling together in the morning, their fulness has entirely subsided, but they are still unnaturally red.

6. To continue the same plan of treatment as last ordered.

13. Discharged cured.

Case II.—A. S., aged twenty-one. Six months ago this patient had confirmed gonorrhœa in its severest form—discharge, scalding, and chordee, accompanied with effusion into the cellular tissue of the penis, and consequent phymosis. He was treated by a gentleman, residing in Red Lion-street, in the first instance, and took a teaspoonful of cubebs in powder three times a-day for three weeks, without his symptoms being] more than alleviated. He then took two tablespoonfuls of a white thick mixture three times a-day; of this he took three bottles full, which had the effect of lessening the scalding and running, but the chordee continued as bad as before. He then applied to a chemist in Holborn, who gave him a box of pills, of which he took one night and morning until his gums were sore and he was salivated.

On Dec. 2, 1842, he applied at this hospital with the following symptoms:—The lips of his urethra are redder than natural, also the extremity of the prepuce which covers the glans. He has a light yellow discharge, which oozes from the urethra all day, and which is more in quantity at night and morning. His urine, which, before he contracted gonorrhœa, came in a full stream, now comes in a smaller one, and twisted. The size of the stream of urine varies, being sometimes very small, and appears not to depend upon varieties of weather or in his method of living. He suffers from pain in the sole and heel of his right foot, which is sometimes so acute as to "wake him up at night." He is free from chordee, scalding, or any inflammatory symptom, beyond the slight redness at the extremity of the penis. He has some small indolent-looking warts surrounding the corona glandis. On pressing the urethra, he experiences no pain except in the vicinity of the bulb and in the perineum. A moderate sized bougie was introduced, which entered the urethra freely and without pain until it arrived at the membranous portion of the canal, where its progress was resisted and much pain given on pressing it towards the bladder. The vena magna was opened, and from four to five ounces of blood taken. He was ordered to foment the perineum three or four times a-day, with cloths wrung out of warm water, and to take the following medicine at bed-time:—

Castor oil, one ounce and a half;
Camphor mixture, one ounce;
Tincture of opium, forty minims. Mix,

and to apply the following day.

3. He has made water much more freely than yesterday; the first time after the introduction of the bougie it gave him pain when he did so, but this gradually subsided at each subsequent micturition. To repeat the castor oil draught and to continue the warm fomentations to the perineum.

6. His bowels have been moved three times; the discharge from the urethra is undiminished. A full-sized bougie was introduced, it gave no uneasiness until it passed the sinus of the bulb; here its passage was sensibly obstructed as it was pressed towards the bladder, and the patient complained of much pain. The bougie was again impeded as it entered the bladder, and pain was experienced; the patient got pale, felt sick, and fainted.

He was placed on the sofa in the inner room until he recovered; the bougie was allowed to remain in the urethra for fifteen minutes, and was then withdrawn. On being removed, the instrument was slightly grasped until it had left the sinus of the bulb and also gave slight pain; it came away unimpeded from the remainder of the urethra. He was directed to take a tablespoonful of the following mixture every fourth hour, and to rub a drachm of an ointment composed of equal parts of mercurial ointment, extract of belladonna, and lard, night and morning, for fifteen minutes, to the mesial line of the perineum.—Take of

Camphor mixture, seven ounces;
Sweet spirits of nitre, three drachms;
Tincture of opium, one drachm;
Syrup of poppies, one ounce; and form a mixture.

9. The bougie was again introduced, and passed the urethra freely and with little pain. The discharge was much greater the day after the bougie was passed than previously; it has since diminished sensibly. He makes water much more freely and in a more uniform stream. To-day, this patient made the following statement:—A week before he applied at this hospital, he had connection with a woman not "on the town," and in whose constancy he has every faith; the result was that he gave her gonorrhœa. [This female was examined after the other patients had been seen, and there is no reason to doubt the truth of her statement. She is now under treatment for gonorrhœa.]

30. Since last report this patient has had the bougie introduced three times a-week, and has taken muriated tincture of iron in the proportions of twenty and thirty minims three times a-day, and has taken castor oil when his bowels required to be moved. He is now discharged cured.

Case III.—E. P., aged twenty-two. This patient contracted gonorrhœa eighteen months ago, at which time he had the disease very severely. The discharge has never since then been cured, although he has taken a variety of medicines for that purpose. He now suffers from chordee, which is severe enough to awake him at night; he has a continual slight oozing of yellow discharge from the urethra, so that at the end of the week his shirt is very much stained. He makes water freely and in a full stream, he has no scalding; his urethra is not unnaturally hard to the touch at any part, its distal extremity is redder than it should be, and its lips conical and swollen. He is satisfied that he did not contract a new gonorrhœa, although he admits that the chordee has varied in intensity for the last six months.

January 6, 1843. He was ordered the compound magnesia mixture of the hospital six drachms night and morning. The dorsal vein of the penis was opened, and from five to six ounces of blood taken.

13. The chordee has ceased; he had erections since last report without the slightest uneasiness; the discharge still continues. To repeat the compound magnesia mixture.

Feb. 7. Each dose of the medicine affected his bowels once, he persevered in it for a fortnight, and had his medicine repeated by the apothecary without applying in this room previously. He has taken no medicine for the last five days. The discharge has ceased, and he now called to return his admission paper. Discharged cured.

Case IV.—Jan. 13, 1842. H. M., aged thirty-seven. This patient has had gonorrhœa five times, the last about nine months since. He then had slight scalding and discharge. He took, by his own prescription, balsam of copaiba, which subdued the scalding, but did not cure the discharge. The discharge is now of a yellow color, and comes from the urethra for three inches or perhaps more; it is greater in quantity after exercise and after drinking beer or porter in more than his usual quantity. The urethra is not painful on pressure, nor are its lips red or swollen. To use the following injection three or four times a-day:—

Alum, one drachm;
Water, six ounces. Mix.

and to take the following pill three times a-day:—

Sulphate of zinc, two grains;
Extract of gentian, three grains. Mix.

20. The discharge is considerably less. Continue the medicines.

27. The discharge is the same as last report, but much less than when he first applied. To continue the pills and to use the following injection instead of the former one:—

Acetate of zinc, one drachm;
Water, eight ounces. Mix.

The discharge has ceased, but he has continued the use of the injection and pills. To omit all medicine and to sponge the organs three or four times a-day with cold water.

Feb. 7. Dismissed.

Case V.—Feb. 7. A. E., aged eighteen. Had gonorrhœa five months ago for the first time. Has had no connection since; is positive on this head, and is worthy of belief. He was treated at one of the public hospitals with balsam copaiba; in a fortnight or three weeks all his symptoms ceased except the discharge. For this he was ordered an injection of sulphate of zinc; four weeks after having used the injection he got testitis; under the use of leeches and rest his testicle got well, and the discharge continued.

Present State.—He is much emaciated; complains of pain in his right hip and knee, which is very troublesome at night; he has a slight yellow discharge from the urethra, which marks his shirt; he has a scalding, or rather uneasiness along the whole length of the urethra, and pain across the lower part of his abdomen, especially when he coughs; the lips of his urethra, and the urethra itself as far as can be seen, are redder than natural; his urine passes from him always in a full stream, but sometimes in "two jets." He has occasionally seminal emissions at night. On sounding the urethra with a full-sized bougie it was found to be perfectly healthy, and no pain was given him. He was ordered to take half a drachm of rectified spirits of turpentine three times a-day.

Feb. 14. He has persevered in the medicine, which has produced no sensible effect on the discharge. He has been free from the pain in his hip and knee for the last few days. His urine has the characteristic smell which turpentine gives it. He stated this day that his bowels are very confined, and that his appetite is impaired. A bougie was again passed, but it met with no impediment nor gave any uneasiness. He was directed to take the following medicines:—

Mercurial pill, five grains;
Compound extract of colocynth, extract of hop, of each two grains and a half. To make two pills, to be taken every alternate night for three times.

Infusion of gentian, twelve ounces;
Tincture of gentian, six drachms;
Sulphate of magnesia, one ounce. Mix. Two tablespoonfuls to be taken every morning.

21. He states himself as much better; his bowels have been moderately acted upon twice a-day since he has taken the medicine. The discharge is less, but the nocturnal emissions continue. His appetite is much better and his spirits lighter. To continue the pills and mixture and to use the tepid swimming-bath once a-day for five minutes.

March 10. It is now more than three weeks since this patient last applied. His health is considerably better. The discharge ceased after he had taken three baths, and he in consequence discontinued using them. The nocturnal emissions are not so frequent. Dismissed.

I shall not detain you, Gentlemen, with a relation of more cases, although I might multiply their number very considerably, and with advantage, so varied are the symptoms which gonorrhœa presents in its third stage. You all, however, have had abundant opportunities of witnessing this stage of the disease under many modifications at this institution, and if you have failed to observe the symptoms and the treatment pursued in each according to its peculiarities, I fear that the observations I am now about to make will not be attended with the advantages they otherwise would be.

There is no doubt whatever but that the third stage of gonorrhœa is by far the most difficult to deal with of any. In the first place its symptoms are never so well-marked as those of the first and second stages. In the second place the symptoms are often found to intermit—a patient, for instance, being free from them altogether for three or four days, or even for a week, or longer, and upon his taking any unusual exercise, or indulging more than ordinanarily in eating or drinking, or merely resuming his usual avocations, they return again as bad as ever. In the third place the symptoms are in general attended with so little inconvenience, comparatively with the other stages, that patients are inattentive to them, and at length neglect them altogether until more serious evils, the consequences too often of organic changes in the urethra itself, induce them to apply for relief. In such cases the symptom of unnatural discharge from the urethra is the least in importance. If to these I add that in one patient the lips of the urethra will be red and swollen, and that in another they will be of their natural appearance; that patients will express themselves to you as suffering every variety of pain in making water, from soreness along the whole urethra to mere uneasiness at some point of the canal; that they will tell you they suffered from chordee at one time when the penis was erect and was free from it at another, and this in the same night; that their urine came in a full stream yesterday, and came forked or scattered to-day, and that one patient will have a profuse discharge from the urethra, and another but a few drops in the twenty-four hours; the necessity for a patient and careful investigation into each case, its history, its previous treatment, the length of time the discharge has existed, and many other circumstances too obvious to dwell upon, must be apparent.

Now, in all cases of gonorrhœa in its third stage, I would advise you to adopt the plan of sounding the urethra before you determine upon any particular line of practice. In this institution you may have observed that I always pursue this practice; some patients will not allow you to do so, particularly in private practice, and even here we occasionally meet with patients who resist us, but when they see a similar treatment pursued with others they then usually submit. A gum elastic bougie of the middle size, or even larger, is the instrument I try first, and if this meets with any unusual opposition, I in general withdraw it and try one a size smaller. It is of the first importance that the instrument should traverse the whole urethra; that, in short, it should enter the bladder; but it is also equally important that all force in accomplishing this end should be avoided. You should bear in mind that the urethra in these cases is more or less irritable, particularly at certain points; that the muscles of the urethra are acutely sensitive to any stimulus, even the urine inducing their spasmodic contraction as it passes the urethra, and that the mind of the patient is also on the alert. If the bougie be opposed, we must not try to force it towards the bladder, but keep it gently and steadily fixed at the point of opposition, waiting, in short, until the opposition, as it were, gives way; at the same time by diverting the mind of the patient from what we are about our object will be materially assisted. Talk to him for instance concerning his disease, how long he had it, if the discharge had been as much yesterday as the day before, and other questions of this kind, and when he is about to answer us the bougie constantly will pass the seat of obstruction. In sounding the urethra the shape of the bougie is of some moment, one of a conical form is the very worst you could use, and yet you will find the majority of these instruments in use to be more or less of this shape; one that is of equal diameter for all its extent is the best. In all cases where a discharge from the urethra has existed any great length of time, the lacunæ are usually larger than natural, and the point of a conical instrument, even if it be a large one, is likely to hitch in their orifices as it is passed towards the bladder. On such an occurrence taking place, the bougie should be withdrawn and again passed towards the bladder, having first altered the direction of its point as regards the circumference of the urethra, keeping it, for instance, towards the under surface of the canal or towards its side.

There are few instances of chronic discharge from the urethra in which the canal is not most sensitive at its membranous and prostatic portions. In the case of A. S., we had an opportunity of remarking this fact. Here the bougie gave him no pain as it passed the urethra until it arrived at the membranous portion, when he suffered very much, and its further introduction was not persevered in. I did not attempt to pass the bougie again until after four days, and in the interim his bowels were moved freely with castor oil, and he was directed to foment his perineum several times in the day; the vena magna having previously been opened and from four to five ounces of blood taken. On the second introduction of the bougie the same pain was felt at both points of the urethra, but it passed freely enough into the bladder. The patient felt sick, and fainted—occurrences which are very common in such cases, as you are doubtlessly aware. By the continued use of the bougie in this case the sensibility of the urethra was entirely subdued and the discharge stopped. How far the muriated tincture of iron, which the patient took, had any share in his cure it is difficult to say. In cases of chronic discharges from the urethra where no irritability of the canal can be detected by the bougie, the muriated tincture of iron is an invaluable remedy, and probably in this case it was of service after the irritability had been subdued by the means employed; but in cases where the irritability is present you will find the medicine do more harm than good. I cannot pass over this case without drawing your attention in the most forcible manner to the infectious nature of the discharge called gleet. I have no doubt of the truth of this patient's statement, and am equally satisfied of the truth of the female's story. Indeed, she had no object in telling a falsehood. But, independently of this case, I have had others of a more serious and delicate kind to be well assured of this important fact in the history of gleet, and so convinced am I of its infectious nature, even in its mildest aspect, that I always caution a patient thus circumstanced to abstain from sexual intercourse. Having sounded the urethra, and in this way ascertained the amount of pain and irritation which exists in the canal, our next care should be to determine whether a perseverance in the use of the bougie would be judicious or otherwise. To determine this we must wait for a few days, say four, and if we find at the end of that time the symptoms are alleviated, we may introduce the bougie again, and afterwards be guided in its further use by the circumstances of the case. In most cases of gleet where the bougie is used, the patient when he next makes water suffers more or less pain, a slight scalding or soreness; this usually gets less and less after each micturition, until at length it altogether subsides. At the same time the discharge is increased for the next twenty or thirty hours, and is usually thicker and of a yellower color. This also gets less and less, and in some fortunate instances ceases altogether in a few days; it is, however, a rare occurrence, although I have known it to do so in some dozen or twenty instances. On examining the urethra a second time, after the lapse of some days, the bougie does not give much uneasiness; the time has arrived when the administration of other remedies will be attended with the best effects. Concerning these, and the proper time and manner of administering them, I shall speak at our next meeting.

CASE
OF
HÆMORRHAGIC DISEASE,

ASSOCIATED WITH GREAT ENLARGEMENT AND DISEASE OF THE SPLEEN.

The remarkable connection which undoubtedly exists between the morbid conditions of the spleen and the occurrence of hæmorrhagic disease is particularly remarkable in the following case; and although by no means explaining the origin of either form of disease, yet it sufficiently establishes the association of hæmorrhage with great hypertrophy of the spleen:—

Mary Ann S——, aged twenty-three, was admitted into hospital, being then the subject of a strumous irritable ulcer upon the lower part of the left leg, ten months previously to which menstruation had become arrested without any apparent cause, and a vicarious discharge of thin serous fluid had since taken place, about every third or fourth week, from the surface of the diseased parts.

After continuing for several months in the use of tonic remedies, together with topical applications, without progressing favorably, and her general health being materially deranged, she was transferred to the care of the physician, at which time her aspect was pallid and chlorotic, the mucous membranes of the mouth and eyes exsanguined, the sclerotic of a pale pearly hue, and presenting the peculiar appearance indicative of splenic disease. From her previous history it appeared, that she had never been the subject of ague, or had been exposed to the influence of malaria. Her inferior extremities quickly became œdematous unless the horizontal posture was constantly preserved; on the right one, a little above the ankle, was observed an ulcer, in size about two square inches, its edges hardened and everted, presenting an unhealthy appearance; a small quantity of thin serous fluid constantly oozed from its surface, and which became greatly increased, and sometimes mixed with blood, at those periods at which menstruation ought to have been performed. She was the subject of slight bronchitis, and, in addition to great want of power and loss of appetite, suffered from frequent sickness, the matter ejected being frequently mixed with blood; the abdomen was distended and tympanitic, and the spleen could be felt much enlarged, hard, unyielding to the touch, evincing some pain on pressure, and could be detected in the whole of the left hypochondriac, epigastric, and part of the umbilical regions. Almost every form of treatment was unavailingly employed, and from this period a remarkable tendency to hæmorrhage was observed. A slight and otherwise unimportant attack of catarrh became attended with expectoration containing a large proportion of blood; the sickness, which continued, now became attended by the ejection of fluid blood, and she had frequent attacks of epistaxis, in many of which ten or twelve ounces of blood were lost. Menstruation continued to be vicariously performed, no alteration occurring in the condition of the ulcer until about three months ago, when it began to assume a more healthy appearance; it quickly, however, again extended itself, and she then became the subject of decided purpura. Her gums bled freely if accidentally irritated by the presence of food in the mouth; small spots were scattered over different parts of the body, firstly of a vivid red color, but speedily becoming of larger size, and assuming a lighter hue; they would be present for a few days, leave, and again appear. Her urine was morbidly increased, and mixed with blood; an accidental and superficial puncture of the left index finger, inflicted by the needle whilst sewing, was followed by the loss of twelve ounces of blood from the wound, the hæmorrhage alone being arrested by a firm compress, which it was found necessary to keep applied for upwards of a week, its previous removal having been followed by a second bleeding. Her general health, however, was slightly impaired, and she appeared to suffer but temporarily from these repeated hæmorrhages. In addition to generous diet (occasionally withdrawn when the activity of her symptoms required it), the exhibition of iodine was tried in its own form, and in combination with iron and potash; the effects, however, were not beneficial, and it was remarked that, after its use had been continued for any length of time, bronchial irritation was the result. The application of a few leeches, for the alleviation of pain in the region of the spleen, was followed by hæmorrhage to a considerable amount, a large purple patch continuing for many days to mark each spot where the leeches had been fixed.

Her symptoms now became somewhat varied, and, in addition to the majority of those from which she had previously suffered, she became the subject of those peculiar to the intermitting forms of fever, the attacks commencing with chilliness and rigors, coldness of the extremities, contraction of the features, and cutis anserina, these being generally succeeded, after the lapse of half an hour, by increased heat of surface, flushings of the face, and accelerated pulse, when general diaphoresis and feeling of exhaustion would terminate the paroxysm. These symptoms, however, did not observe any regular periods of occurrence, sometimes occurring daily, and occasionally marking intervals of a week or more. The sulphate of quina was given, and with the effect of mitigating both the violence and frequency of the attacks; but before their entire removal could be effected, the withdrawal of the quinine became indicated by the congestion produced in the liver, giving rise to local pain, fulness in its region, and a jaundiced hue of the face. The liquor arsenicalis was substituted, but proved inefficient, and was, with other remedies, obliged to be withdrawn. The bromide of potassium was now given, and the unguentum iodinii applied over the region of the spleen, but produced no good effect. At this time she began to suffer more severely from local hæmorrhage; the febrile paroxysms became increased in frequency, and the ulcer on the leg assumed a still more unhealthy appearance, whilst her general health became more materially affected. Diarrhœa of a very stubborn form supervened, which at length yielded to remedies, but after the lapse of a few weeks recurred; her legs became anasarcous, and she passed large quantities of blood by stool: on one occasion three pints of unmixed blood were thus evacuated in twelve hours. Effusion now rapidly took place into the abdomen, and on examining the chest a loud anæmial *bruit* was heard in the course of the aorta, the pulse being very feeble and frequent; the whole surface assumed a deeply jaundiced hue; there was remarkable itching of the skin, and continued pain in the head. The plumbi acetas had been employed to arrest the hæmorrhage, but was withdrawn, not having produced any good effect, the hæmorrhage from the intestines being at length arrested by astringent injections into the rectum. No further loss of blood occurred, but emaciation rapidly proceeded. The effusion into the abdomen increasing, her powers became more and more exhausted, until she slowly sank, after a lengthened illness of more than two years.

Sectio Cadaveris.

There was very considerable serous effusion into the abdomen. The spleen was enlarged to about six times its natural size, hardened, being also much congested, and presenting, on a sectional view, a rough granular appearance. The liver was enlarged, of great firmness, and in a state of fatty degeneration. The heart was healthy, a minute deposit on one of the sigmoid valves being alone discovered, and which could not have given rise to the loud *bruit* heard during life.

REMARKS.

It is difficult to account for the remarkable enlargement and diseased condition of the spleen in the preceding case; there had been no apparent exposure to miasmata or other cause capable of producing it, nor had she suffered from ague in any form. During the course of her illness, however, intermittent fever occurred; thus, at least, illustrating the connection of that disease with morbid change in the spleen. The diagnosis of the case was by no means difficult, the spleen having acquired a very large size and being readily felt through the abdominal parietes, whilst the peculiar pearly sclerotic, so characteristic of splenic disease, was unusually well-marked. The occurrence of hæmorrhagic affections in persons laboring under splenic disease, is by no means rare, and has now attracted the attention of many pathologists; as yet, however, no observations have been offered by which the association of these two forms of disease can be explained. It would, at least, seem probable that a morbid condition of the blood may be the secondary cause, and if it be admitted that the spleen, whatever its precise functions may be, is at least intimately connected with and concerned in the formation of the blood, we may at once succeed in tracing by these connecting links the *fons et origo* of the hæmorrhagic tendency so constantly observed in connection with splenic disease—a supposition which becomes much strengthened by recent observations made by the assistance of the microscope on the state of the blood in purpura hæmorrhagica, in which the membrane of the blood corpuscle has been shown to be ruptured. Future investigation will probably demonstrate the cause of the association of these two states, if not the actual dependance of certain hæmorrhagic diseases upon morbid conditions of the spleen; at present, however, we must be content to receive as a fact that which we cannot yet explain. The preceding case, amongst many other points of interest, affords an example of the existence of the fatty degeneration of the liver independently of tubercular disease in the lungs or any other organs.

CASE OF HEPATIC CONGESTION FOLLOWED BY DEATH.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I beg leave to forward to you for insertion in your Journal the following case, to which some of your correspondents may perhaps be enabled to give a name; a point which the history of the case and the cadaveric appearances have not enabled me to arrive at with any degree of certainty.

I am, Gentlemen,
Your obedient servant,
M.D.

Catherine M., aged twenty-nine, has been the mother of five children, the last having been born nine months ago, previously to which her general health had been good, but during the seventh month of pregnancy she became the subject of jaundice, the integuments assuming a very bright yellow hue. After delivery the disease spontaneously disappeared, and her health remained uninterrupted until three months after her accouchement, when from a sudden adverse change in her circumstances she was plunged into such extreme poverty as sometimes to pass more than a day without food; whilst in this state, although not obviously suffering from any local disease, she began to emaciate rapidly, and it was then first observed that her face quickly lost the hue of health and assumed a dingy greenish color, her spirits were much depressed, her family no longer appeared objects of anxiety to her, and in this state she continued until four days ago, when she suddenly became attacked with acute pain in the epigastrium, attended by vomiting of green viscid fluid, the quantity of which in twelve hours is stated to have exceeded eight pints; to this diarrhœa ensued, the dejections being described as presenting an oily appearance. On admission into hospital twenty-four hours afterwards, she presented the following appearances:—The face having its integuments of a dusky olive green; features shrunken; dark areolæ around the eyes; respiration quick and short; pulse scarcely perceptible at the wrist; extremities cold; surface covered by a clammy exudation; occasional slight delirium.

Stimulants were freely administered, and after the lapse of six hours symptoms of reaction came on, and she remained suffering from no urgent symptoms until this morning. She now complains of increased pain at the epigastrium, with nausea; dejections of natural color; urine dark, but without any deposit, and not albuminous; milk drawn from the breasts contains no bile.

Chloride of mercury, ten grains;
Opium, one grain. To be taken immediately.

Twelve o'clock, p.m. Sickness has occurred, the ejected fluid containing a large quantity of bile; pain at the epigastrium diminished; pulse rather more full; takes nourishment with tolerable freedom. Repeat the calomel and opium. Towards morning she became slightly delirious, and then appeared to pass into a sleep, in which she died.

Sectio Cadaveris.

Brain, heart, and lungs were quite healthy, excepting a few old adhesions of the pleuræ near the apex of the left; liver enlarged from congestion, a large quantity of blood following each stroke of the scalpel; the gall bladder filled with bile, but its duct quite pervious; kidneys rather larger than natural, but presenting no marked evidences of disease. The remaining viscera were very carefully examined, but no morbid change was detected.

REMARKS.

I was at first induced to regard the symptoms present in this case as indicating that form of hepatic disease in which the resinous rather than the coloring portion of the bile enters into the circulation, and gives rise to urgent symptoms, and often to a fatal termination without having produced any marked degree of the discoloration of the surface, commonly forming the most prominent symptom in jaundice. This idea was, however, quickly negatived by the chemical examination of the milk at that time secreted, which afforded no evidences of the admixture of bile. The question next arose whether or not the symptoms present might not have been produced in the body from mental influence, and the cause of her malady to be sought for in the sudden mental shock produced by her adversity; some weeks, however, had elapsed ere the development of those symptoms which ended in death, and although the change in her affections would seem to strengthen this belief, yet the urgent symptoms were developed in a very rapid order, and were by no means those which commonly succeed to mental disease, and the acute epigastric pain, the vomiting and diarrhœa could scarcely be accounted for on these grounds. From the sudden manner in which the urgent symptoms occurred, their acuteness, and the fact of their being more particularly referable to the alimentary canal, the idea of the action of a poison suggested itself, but, independently of the moral evidence which opposed such an idea, a very careful examination of the stomach and intestines after death failed to demonstrate the presence of any deleterious agent.

THE GENESIS OF EMPHYSEMA OF THE LUNG.

By Dr. Ender.

Emphysema consists in an abnormal dilatation of the air-cells, which has become permanent, without necessarily being accompanied with laceration of these cells, or inducing it as a consequence.

In order to explain more correctly the occurrence of this diseased state of lung, Dr. Ender tried the experiment whether elastic substances, when forcibly and repeatedly stretched, return to their original size or not. He accordingly stretched a long slip of gum elastic, whose length had been before noted, repeatedly with much force, yet carefully enough to prevent injury being done to any of its fibres, and found it did not resume its original length *a*, but a medium between its normal *a* and the limit of extension *b*. The pulmonary tissue being highly elastic, must, after frequent distension, be deprived in like manner of that quality. Hence, in constantly occurring deep inspirations, as amongst the laboring classes, and violent coughing, &c., isolated spots of the pulmonary tissue being forcibly distended, do not return to their original calibre.

Let us suppose the pulmonary vesicle, in its natural condition, to be *a*, and *b* the limit of its greatest distension; the size of the emphysematous cell may remain permanently at *b*, or retain a degree of distension even greater. If in this state the small bronchial tube leading to the cell becomes blocked up by mucus or any other secretion, it is evident that, as the cell remains permanently distended at *b*, the elasticity which in health it enjoyed will not serve to expel its contained air; and this can only be accomplished by the contraction of the thoracic parietes. But here again the blocked up condition of the bronchial tube prevents the expulsion by this latter force of the contained air which now becomes rarified, and, by still further dilating the cell, compresses the tubes leading to the adjoining cells, and in this way keeps up a permanently distended condition of several cells, and so produces a true emphysema of that part of the lung If we suppose inspiration to have commenced when the walls of the chest have expanded, each of these tubular passages will be relieved of its constriction, the emphysematous cell will dilate itself again, to supply the increased space within the thorax, and permit either a complete or partial current of new air into each neighbouring cell. And if we examine this process a little farther, we find that the original emphysematous cell still permits the repeated currents of air into its neighbouring vesicles, but not its egress from the same during expiration; that is, the cells become abnormally dilated, and finally emphysematous.

Pathological anatomy shows us, with reference to the condition of an emphysematous lung, the following appearances:—

1. A mere dilatation of the air-cells with increase of their cubic contents.

2. A dilatation of the cells with rupture of their walls, so that a number form into one chamber. An emphysematous cell permits, as we have seen above, the inward current of air *into* the surrounding vesicles only, but not its expulsion from them. In very forcible inspiration, in which the patient augments the quantity of air contained in the cell, whose efferent outlet, as already described, is valvularly closed during expiration, its parietes, no longer able to resist the expansion of its new supply of air, yields at last, and tears, permitting effusion of air into the contiguous cells. During common inspiration, on the contrary, when the entrance leading to the cell becomes free, the air already confined within it opposes, by its elasticity, a hindrance to a new current of air. But when the thorax, during inspiration, becomes expanded with greater energy, beyond its usual capacity, the cell *b* not yet having expended all its elasticity, dilating itself also to follow the movements of the external walls, must admit an additional supply of air; so that, when expiration takes place, and its communicating outlet again contracted, it returns, by means of its still existing elasticity, to volume *b*, but is easily lacerated by the resisting air now necessarily forcibly compressed within.

3. A combination of this second condition with a true emphysema of the cellular parenchyma situated between the tubules. Two cases of this description were examined after death in the Hopital de la Charité lately.

The first was a consumptive patient, whose inferior right lobe was attacked with emphysema. The disease had spread to certain places of the lung adjacent, leaving the intervening parts perfectly normal.

The other had died of hypertrophy of the heart. In the inferior left lobe was found a limited emphysematous spot, which nature had, in a remarkable manner, prevented from being injurious. Round about the diseased portion was found a layer of thickened cellular tissue, which had circumscribed the disease, and thus mechanically prevented its extension to the neighbouring tissue. It would be an interesting inquiry to examine whether nature always makes use of this remedial means of interrupting emphysema.

The distinguished Dr. Stokes conceives this disease to be frequently consequent on chronic bronchitis. The secretion of a viscid phlegm may certainly assist in its development and continuance. Thickening and contraction of the mucous membrane may also obstruct the air vesicles, and the increased temperature of the now confined air may occasion dilatation of the cell. That this is, however, not always the case, and very rarely an efficient agent, is proved by the frequent recovery of patients from bronchitis, without emphysema being left behind. On the contrary, bronchitis must often occur as a result, through the violent efforts at respiration in the patient, since the air permanently detained in the pulmonary vesicles, becoming altered in quality, must act prejudicially on the mucous membrane.

In reference to the diagnosis of the disease, which is founded upon the inverse ratio between the clearness of sound on percussion, and feebleness of the respiratory murmur, its genesis, above described, naturally accounts for such a pathognomonic sign, as well as for the one mentioned by later writers, the increased length of the expiratory murmur in emphysema, since we have seen that the primarily affected cell during expiration is compressed by means of the contraction of the thoracic parietes, and the communicating tubes of the surrounding vesicles still more diminished by the resisting air within, at the end of expiration are completely closed up and impervious; but when inspiration returns, they again expand, the sternal cavity at the same time widening, disemburthens those canals of their pressure, and renders the inspiratory movement comparatively unembarrassed.

Extreme cases of this disease are followed by irregularity in the structure of the sternal apparatus, and displacement of the viscera; the scapula is prominent, the clavicles rounded, the intercostal spaces are widened, however, only in the direction from above downwards, but not arched forwards, the lungs themselves are also dilated in the same direction from above downwards; the interval between the ribs increased still more, and its connecting tissue tensely stretched. In pleuritic effusion and in empyema the case is the reverse; here we have to do with a fluid, and not an elastic gas; hence the dilatation of the thorax is from before backwards, the fluid widening the intercostal spaces, and at the same time protruding them forwards.—*Dublin Journal of Medical Science.*

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JULY 8, 1843.

It has with much truth been said, that no profession but our own affords to the public so large a share of gratuitous assistance, or effects without reward so much towards the alleviation of human suffering; and there is, perhaps, no other class who receive so little of gratitude or remuneration, or suffer so greatly from the prejudices and ignorance of that public to whose service their untiring and unrequited aid is so constantly and cheerfully afforded. In the long list of medical charities, the attending medical officers, almost without an exception, receive no compensation for their labors, and yet the very existence of such institutions depends essentially upon their exertions. Charitable medical institutions are daily increasing in number, and it is not without something approximating to a doubt that we attempt an inquiry as to the influence which they may exert upon the character and usefulness of our profession, and the proximate and ultimate benefit that may accrue to its members.

The general features of almost all public medical charities have within the last few years undergone considerable modifications, and in the more modern and newly-constituted institutions we may sometimes almost fail to discover any traces of the character they once presented.

The dispensaries are fast fading away, and the number of institutions of that class affording relief for all the many ills which may befal us has become much reduced, and in their place there now arise in quick succession establishments appropriated for the cure or relief of special maladies. Scarcely, indeed, is any new medical charity now introduced unless having for its object the treatment of patients laboring under some particular form of disease: thus, for example, we now possess institutions for the treatment of diseases of the rectum, for diseases of the eye, of the ear, of the spine, of the lungs, of the skin, of women and of children, for hernia, and club-foot, and it is far from uncommon to see a dispensary patient, three or four of the members of whose family are in attendance upon an equal number of medical institutions, each of which is appointed for the relief of disease of one particular type.

What effect have all these medical establishments? Do they enhance or detract from the respectability of the profession? Are they not the means of advertising, and thus benefitting the few at the expense of the many? There can be no doubt that the encouragement and support afforded to any institution designed for the medical treatment of any one specific form of disease does not benefit, nay, is prejudicial to the interests of the profession at large; each of such establishments soon acquires for itself a reputation for the relief of some particular class of maladies, in which the medical officers attached thereto participate, and hence an impression is produced on the public that as Dr. —— or Mr. —— is attached to an establishment founded solely for the cure of one disease, he must necessarily be more competent to its treatment than his *confreres*, albeit he may not have directed even the average amount of time or study to its investigation. A false reputation is thus thrust upon him, and he often acquires a practice, and realises a large income at the expense of his professional brethren, who, less confident in their own acquirements, have, with a greater share of modesty, believed that they know as much but not more than their fellow practitioners of this or that form of disease. The fact of holding a medical appointment to some one of these institutions often affords the means of introducing to the public some new candidate for their patronage, who, until the moment of his election, has probably thought little or nothing about the diseases he thus assumes to be conversant with; and accordingly as the establishment may be dedicated to the particular malady, so does he become in common *parlance* an eye doctor, a lung doctor, a spine doctor, or a mad doctor, and forthwith assumes the position, and attempts to maintain the character, of a consulting practitioner in some one of those classes of disease.

Occasionally it happens that the converse of this procedure takes place, and a medical practitioner, having the good fortune to receive the aid of a sufficient number of influential friends, contrives to get an institution established which may suit his own peculiar views. This plan is scarcely less open to objections than that just alluded to, as it still furnishes the means of acquiring surreptitiously a reputation to which the individual himself commonly has no kind of right, to the manifest injury of those around him. Quackery, or something closely akin to it, exists not only beyond, but within the pale of the profession; and the fact of impressing the public, by whatever means it may be, with the idea that the entire attention of a certain medical practitioner is devoted to the investigation and treatment of a particular disease, is in itself more or less allied to the practices by which the charlatan so often succeeds in deluding his appointed victims, and cannot serve to reflect any credit upon, although it may add to the pecuniary advantages of, the individual himself. Every conscientious practitioner must, and will admit the truth of all this; and it, therefore, really becomes a question of how far any member of the profession is warranted in accepting and retaining the office of medical attendant to a charitable institution in which the object is less to relieve the sufferings of the poor than to add to the sufferings of the profession. It is no part of the duty of any medical practitioner to seek his own preferment, and add to his professional income, by adopting measures which may serve to place his own position in a doubtful light, and to essentially interfere with the interest of his medical brethren. We conceive that the creation of the class of charitable institutions to which we have referred, in truth tend much to effect this, and we have long regarded them with a suspicious eye. That our suspicions were not founded in injustice, is sufficiently established by a retrospective glance at these establishments, and the labors of their medical officers. How much have they effected for science? Of what advantage has been the great amount of experience which these institutions have afforded them? Alas! the stock of medical literature has received no improvement. Essays and volumes, it cannot be denied, have been written upon the several subjects to which such institutions relate; but so manifest has been their object, so evident their popular tendency, that they can lay no claim to the rank of scientific productions, or be received as affording any evidence of the desire of their authors to add aught to the common stock of knowledge.

We cannot, therefore, but believe that little good can result from the continued formation of the species of medical institutions under consideration, and we must pause ere we apply the title of a charity to any such establishment, which, however calculated to fulfil the objects for which it was founded, exerts so little of charity towards the profession whose name it bears.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 27, 1843.

EDWARD STANLEY, F.R.S., President.

CASE OF MR. BRUNEL.

Mr. B., on the 3rd of April last, whilst engaged after dinner in amusing some children, placed half-a-sovereign in his mouth; the coin accidentally slipped behind the tongue and passed into the larynx. He was immediately seized with a fit of coughing and severe sense of choking, which were quickly followed by vomiting, by which the contents of the stomach were ejected. He strained a little with efforts to vomit for two or three hours after, and coughed occasionally; he also suffered from a soreness at the upper part of the throat. With the exception of the latter symptom, he remained quite well for the two following days, and did not suffer from any cough.

On the 6th of April cough again came on, but he was so well on the 7th that he took a long journey, and was for two nights and days exposed to the cold. The cough now became worse, and he expectorated a little mucus tinged with blood, and also what appeared to be a little thin membrane. He now also felt pain on the right side of the chest, immediately over the right bronchus. On the 9th of April he took two aperient pills, one of which he vomited. He now placed himself in an inverted position over the back of a chair, and could distinctly feel that a loose substance changed its place in the air-passages, coming up from the situation of the bronchus to the larynx. The pain in the chest ceased. A careful examination of the chest was made by Dr. Seth Thomson, but no abnormal sound whatever could be detected by the stethoscope.

On the 17th Mr. B. took another journey, and the cough again returned. On the 18th Dr. Chambers, and afterwards Sir Benjamin Brodie, were called in consultation; all thought that there was no doubt the coin had passed into the trachea, and that it was situate in the right bronchus. This opinion was confirmed by the effect of inverting the body over a chair, during which process the foreign body was distinctly felt by the patient to be passing up the trachea, and produced cough. The coin afterwards passed down into the chest.

On the 20th, at a consultation held between Drs. Chambers and Seth Thomson, Sir B. Brodie, and Mr. Stanley, the chest was again carefully examined, but no unusual sound could be detected. The other evidences, however, of a foreign body in the bronchus were so strong, that it was decided to repeat the experiment of inverting the body; accordingly, on the 25th, he was placed on a machine which elevated the lower part of the body and depressed the upper portion, or *vice versâ*, at the will of the attendants. On the head of the patient being lowered, no cough was at first produced, but on striking his back the cough became so violent, and the choking sensation so urgent, that it was deemed advisable not to proceed with it further without some alteration of the plan. At a consultation on the 27th, it was determined to make an artificial opening in the trachea. This proceeding was adopted for a two-fold reason: the first was to remove the coin by forceps, if possible; the other that, if relief could not be so afforded, the opening might act as a safety valve in the prevention of suffocation on the body being inverted. The opening was made, and the forceps attempted to be introduced, but so much irritation and convulsive coughing took place that the attempt was not persevered in. The forceps were again used on the 2nd of May, but with no better result.

On the 3rd of May it was decided that nothing farther could be done at that time, but when the patient had recovered from the effects of the previous proceedings, it was determined to invert the body; this was accordingly done on the 13th. The body being inverted, the back was struck two or three times, and the coin passed into the mouth and stuck against the incisor teeth; a little blood was passed at the time, but there was no cough, and no convulsive distress such as had taken place in the previous efforts to remove the coin. On the 28th of May the patient was able to leave town, and fourteen days afterwards the wound in the throat had nearly healed.

On the Presence of Spermatozoa in the Fluid of Hydrocele. By A. Lloyd, Esq., Assistant-surgeon to St. Bartholomew's Hospital, and Surgeon to Christ's Hospital.

The object of the author was to announce that he had met with, since the last meeting of the society, a third case of hydrocele, in the fluid of which an immense number of spermatozoa were present. The fluid was of paler color than that of common hydrocele of the tunica vaginalis, and very much resembled water with which a very small quantity of milk had been mixed. When tested with nitric acid, and also with heat, the fluid was found to contain a considerable quantity of albumen. There was also much saline matter in it. When examined with the microscope from three to four hours after it was drawn off, there were seen spermatozoa in a living state, and also an immense number that were dead; moreover, the fluid contained a few blood-discs, transparent cysts, granular bodies of different sizes, and epithelial scales. The testis and its appendages were healthy. From the situation and form of the tumor it appeared that the fluid was contained in the tunica vaginalis. The spermatozoa were seen in a living state by Mr. F. Wood, surgeon, of Brownlow-street, and Mr. John Quekett, of the College of Surgeons.

ANNUAL MEETING

OF THE

YORKSHIRE BRANCH OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The annual meeting of the above branch was held at the Museum of the Yorkshire Philosophical Society. York, and was attended by the following members:—Mr. James Allen, Mr. E. T. Allen, Mr. Barker, Dr. Belcombe, Mr. Brown, and Mr. Brunton, York; Mr. Dickson, Elvington; Mr. Dodsworth, Mr. Dolman, Dr. Goldie, Mr. Keyworth, York; Mr. W. Hey, Leeds; Mr. R. Hey, York; Dr. Hopper, Leeds; Mr. Hornby, Pocklington; Mr. Husband, Mr. W. Malleson, and Dr. Morris, York; Mr. Ness, Helmsley; Mr. Nunneley, Leeds; Mr. Russell, York; Mr. Sandwith, Beverley; Dr. Simpson, York; Mr. Teale, Leeds; Mr. Truman, York; Dr. Watmough, Pocklington; Dr. Whytehead, Easingwold.

Dr. Simpson, the President elect, was called to the chair, and opened the meeting by a brief address, in which he noticed the advantages to be derived from meetings such as the present, and expressed the gratification which he felt at presiding over an assemblage of so much talent and respectability. The President concluded by calling on the Secretary to read the Report of the Council for the past year.

The Secretary then read the following Report:—

In presenting their first Annual Report to the members of the Yorkshire Branch of the Provincial Medical and Surgical Association, your council beg to congratulate you on the prospect which the branch holds out of promoting unity of purpose and the acquisition of professional knowledge among its members. Your council have reason to hope that the approaching visit of the parent Association to Leeds, will secure for this, her offspring, some degree of advantage, by removing the objections of the few, and dispelling the indifference of the many. They know well that a vast amount of professional intelligence and zeal exists in the west riding of the county, and they feel assured that the rallying point, which the Association offers, will be eagerly seized upon, and that, while the Association on the one hand will be strengthened, and the sphere of its operations enlarged, on the other, the union thus secured to them will enable the many, by their united efforts, to accomplish much, that would be for ever denied to solitary and uncombined exertion.

The number of members of the branch has greatly increased since the last meeting. The number of original members was 61, the present number is 102.

It will be in the recollection of most here present, that, at the first general meeting held in this room in July last, it was determined to invite the members of the East York Branch to unite themselves with this branch, and thus make this both in name and reality a "Yorkshire Branch." Such invitation was duly conveyed by the secretary to the council of the East York Branch, but, though favorably received, and recommended by them to the members of the branch, was at a general meeting declined.

Your council cannot but regret this determination on the part of the members of the East York Branch, for they felt anxious to meet in friendly intercourse, for the interchange of thought and opinion, many who by this refusal are still kept without the sphere of their personal acquaintance.

Your council have had their attention directed to the subject of poor-law medical relief, and in the month of March last addressed memorials to the First Lord of the Treasury and the Secretary of State for the Home Department, in which they endeavored to lay before those ministers the claims of the medical man to a fair and reasonable compensation for his arduous and important services, and to show that the present system of contract, while it is on the one hand so derogatory to the respectability of the profession, and indirectly impeaches the honor of the medical officer, is on the other unnecessary for the protection of the rate-payer or the pauper. Similar memorials were presented from the central council and the other branches of the Association. Your council trust that these memorials have not been addressed in vain, but that, while the interests of the rate-payer are fully protected, the medical practitioner shall be recognised as a valuable officer, and receive an adequate remuneration for those services which call into such active exercise the physical powers of the human frame and the highest energies of the human mind.

The reform of the medical profession has also engaged the attention of your council, but they did not consider it expedient to adopt any measure, either by petition to the Houses of Parliament, or by memorial to her Majesty's ministers, until they were in full possession of the contemplated scheme of reform.

Your council cannot, however, forbear expressing their opinion that the first step required in the reform of the profession is, that the standard of preliminary education shall be so raised, that its privilege shall in future be confined to those only whose education and station in life will enable them to maintain inviolate their respectability as members of a learned profession. It is generally admitted that the number of medical practitioners is quite out of proportion to the wants of the community, and in this case a higher grade of attainment is doubly to be desired, for an experiment on a large scale has proved satisfactorily that an increase in the grade of preliminary qualification at once diminishes the number of practitioners. In France, a few years ago, the excess in the number of medical students attracted the attention of the government, who adopted a simple and yet effectual mode of checking the growing evil. The standard of medical education was raised, and the number has now decreased to one third of that then reported, and is believed to bear at the present time a fair proportion to the demand. If the standard of medical education in this country were raised, and his proper rights secured to the medical man, your council feel assured that such steps would best usher in any further measures of medical reform which may be required. Respecting the supposed details of the measure contemplated by the government, your council forbear to offer any observations; they would only say further, that they have no wish to destroy the existing institutions if they can be made available to a fair and moderate scheme of reform. To some of these institutions the profession owes a deep debt of gratitude, for its present improved state is chiefly owing to their willingness to adopt many alterations with a view to improve its condition and elevate the character of the medical practitioner.

Your council cannot but express some regret that the claims of the benevolent fund to the support of the members of the branch are not more generally recognised; they feel assured that this can only arise from ignorance on the part of their professional brethren of the benefits which may be insured to many an unfortunate brother from the well bestowed charity of his more fortunate neighbour. A mite from each may bring comfort to many, and your council venture to hope that this excellent institution will receive more liberal encouragement, and its managers be enabled, by the liberality of the affluent, to minister to the necessities of those whose education and previous habits render them keenly alive to the ills of poverty, and who yet too often suffer under its privations.

In conclusion, your council would earnestly impress upon their successors, and the members generally, the advantages which must arise from meetings such as the present, in which a kindly spirit of co-operation in watching over the interests of the profession is induced, the grand principle of union enforced, and, while due attention is paid to the material interests of the profession, the claims of medical science are fully recognised, its progress watched, and the advantages which it offers eagerly embraced.

Mr. Nunneley moved, and Mr. Dixon seconded, the adoption of the Report, which was unanimously agreed to.

Dr. Belcombe proposed, and Mr. Teale seconded, the nomination of Leeds as the place of meeting for the next year.

Dr. Whytehead proposed as president-elect, Samuel Smith, Esq., senior surgeon to the Leeds Infirmary.

Mr. W. Hey seconded the nomination, which was carried by acclamation.

Dr. Hopper proposed, and Dr. Goldie seconded, "That Mr. Husband be re-elected secretary and treasurer."

It was proposed by Mr. Barker, seconded by Dr. Watmough, and unanimously agreed to, that the following members do constitute, with the president and secretary, the branch council for the ensuing year:—Mr. James Allen, Dr. Belcombe, and Mr. Brown, York; Dr. Chadwick, Leeds; Mr. Dighton, Northallerton; Mr. Dodsworth, York; Dr. Earle, Ripon; Mr. Garlick, Leeds; Dr. Goldie, York; Mr. Hey and Mr. W. Hey, Leeds; Mr. R. Hey, York; Dr. Hopper, Leeds; Mr. Jackson, Market Weighton; Mr. Muscroft, Pontefract; Mr. Ness, Helmsley; Dr. Outhwaite, Bradford; Mr. Russell, York; Mr. Sandwith, Beverley; Dr. Shearman, Rotherham; Mr. Smith and Mr. Teale, Leeds; Mr. Williams, York; and Dr. Whytehead, Easingwold.

A committee was appointed to revise the rules, and report to the next annual meeting.

The members then read the following papers:—

Mr. W. Hey, on the removal of a tumor from the lower jaw.

Dr. Belcombe, on some aids to the diagnosis of certain renal diseases.

Dr. Hopper, on a case of peritonitis, with extensive tubercular deposit.

Mr. Teale, on a case of carotid aneurysm.

Mr. Dodsworth, on a case of ossified gall-bladder.

Dr. Morris, on spinal irritation.

Mr. W. Matterson, on a case of pericarditis with disease of the liver.

A vote of thanks was passed to the president.

ON THE OCCURRENCE OF PHOSPHATIC DEPOSITS IN URINE.

By Dr. Golding Bird.

On an average, 6·5 grains of phosphoric acid leave the system in the urine in the course of twenty-four hours. Although the particular state of combination in which this acid exists may admit of doubt, yet it is evident that a considerable portion of it exists in urine with lime, magnesia, and ammonia. The two latter bases very probably exist in the same combination, forming a double salt—the ammonio-phosphate of magnesia, or triple phosphate, as it is termed.

If you add a very small quantity of ammonia to a large quantity of healthy urine, the mixture becomes turbid from a deposit of the triple phosphates, mixed, in all probability, with phosphate of lime. On placing a drop of this turbid urine under the microscope, myriads of minute prisms of the triple salt, mixed with amorphous granules of the phosphates of lime, will be seen floating in the fluid. These readily disappear on the addition of a drop of almost any acid. As these earthy salts are insoluble in water, it is evident that they must be held in solution in the urine by the free acid which generally exists; this acid is either the phosphoric or lactic, or both. If from any cause the quantity of solvent acid fall below the necessary proportion, the earthy phosphates appear in the urine, forming a deposit. Hence, when the urine is alkaline, phosphatic deposits are necessary consequences. If urine be secreted with so small a proportion of acid as barely to redden litmus paper, a deposit of triple phosphates often occurs a few hours after emission—a phenomenon depending on the influence of the mucous matter present, which, exciting a catalytic action like a ferment, induces the decomposition of urea, and the formation of carbonate of ammonia, which, by neutralising the solvent acid, throws down the phosphates. The precipitation of the phosphates thus takes place in a manner analogous to that in which carbonate of lime is thrown down, the action being here limited to a neutralisation of a free acid; indeed, where phosphates of lime form the great bulk of a deposit, a certain portion of carbonate is generally present.

It is, however, by no means necessary for urine to be alkaline for a deposit of phosphates to exist; indeed, in the great majority of cases, urine which deposits the triple phosphate is acid at the time of emission, and often for long after. This may appear rather paradoxical, when we recollect the ready solubility of triple phosphate in a very weak acid; but admits of a ready explanation when the fact that a fluid may redden litmus, and still contain no uncombined acid, is borne in mind. Thus, a solution of hydrochlorate of ammonia will redden litmus paper, and yet it contains no free acid; and as this salt exists in the urine, it is quite possible that it may be one of the causes on which its acid reaction depends, where deposits of phosphates exist. It has been rendered very probable, by the interesting experiments of Dr. Rees, that this very salt may in some instances be really the solvent of the earthy phosphates, as they are to a certain extent soluble in solutions of sal-ammonia. These solutions possess the very remarkable property, first pointed out by the excellent chemist to whom I have just referred, of becoming opaque by ebullition, from a deposition of a portion of the earthy salt. The very same phenomenon often occurs in urine which contains an excess of phosphates. Indeed, it is not unfrequent to meet with urine which does not contain any visible deposit, and yet on the application of heat appears to coagulate, not from the presence of albumen, but from the deposition of earthy phosphates. The addition of a drop of nitric acid immediately dissolves this deposit, and distinguishes it from albumen. A different explanation to this phenemcnon has been offered by Dr. Hargrave Brett, and which undoubtedly is perfectly true in many cases, although the hypothesis of Dr. Rees is applicable to the greater number. Dr. Brett's explanation is founded on the solubility of phosphates in water impregnated with carbonic acid. It has been long known that carbonic acid frequently exists in a free state in the urine, and in a large number of specimens examined by Dr. Brett and myself we succeeded in readily isolating it.

Whenever the triple phosphate occurs in the urine as a deposit, it is always found to be composed of crystals, which are generally sharply defined, and extremely regular. You must, however, bear in mind that these crystals may exist in large quantities, and yet escape detection in consequence of their extreme transparency. In cases of this kind the deposit which forms by repose generally presents the appearance of a mere mucous cloud, and it is only distinguished from it by the addition of an acid, which immediately dissolves it. On decanting such urine and placing the lower turbid portion in a watch-glass, the crystals may be detected by moving the latter near a lighted candle, when a series of glittering points will become visible from the reflection of the light from the facets of the minute prisms of triple salt. On placing the watch-glass under a microscope the crystals may be readily recognised. The depositions of the phosphates may become accelerated by warming the urine in the manner I explained to you when speaking of the oxalate of lime. The exact resemblance presented by the deposits of phosphates to mucous clouds is so very close that the most practised eye can scarcely distinguish between them; indeed, scarcely a week passes but I find myself completely at fault on attempting to distinguish between them by bare inspection. When phosphate of lime exists mixed with a triple salt, the deposit often remains for a long time diffused through the urine, so as to resemble rope-like masses of purulent mucus. Not only do deposits of phosphates resemble mucus and pus in physical appearances, but they frequently coexist. Indeed, it is very frequent to find fine prisms of triple phosphate entangled in the meshes of the mucous cloud which forms by repose in all urine. When the triple phosphate coexists with mucus or pus, the microscope will readily detect its presence.

Occasionally, where a small excess of the triple phosphate is present, it is found on the surface of the urine, forming a delicate iridescent scum or pellicle, reflecting colored bands of light, like a thin layer of oil, or the surface of a soap-bubble.

When a considerable quantity of ammonia is added to urine, a deposit occurs from setting free a triple phosphate of magnesia, which differs from that to which I have just been alluding, in containing half an equivalent more of ammonia; it is, in fact, a *sesqui-basic*, or, as it is commonly termed, a bibasic triple phosphate of magnesia and ammonia. This is evidently formed by the ammonia playing a double part; it not only neutralises the solvent acid, but combines with the normal phosphate to form a basic salt. This can be readily distinguished from the neutral salt by its crystalline form, as it always presents the form of stellæ, generally six-rayed, often elegantly pinnated, in some cases presenting the appearance of foliaceous crystals resembling fern leaves; this variety, however, being almost always the result of decomposition, when the urine has been kept a long time.

This basic phosphate invariably, and I believe necessarily, exists with alkaline urine; it very rarely occurs in recent urine, and, so far as I have had occasion to observe, is always a secondary product.

A. *Prisms of Neutral Triple Phosphates.* These are always exceedingly well defined, the angles and edges of the crystals being remarkably sharp and perfect. The triangular prism is the form most frequently met with, but it presents every variety in its termination. These are sometimes merely truncated, often bevelled off, and not unfrequently the terminal edges are replaced by facets.

I scarcely know a more beautiful microscopic object than is afforded by a well-marked deposit of this salt. You will frequently be struck with the very different degrees of transparency presented by these crystals; sometimes they are so transparent as to resemble prisms of glass or crystal; at others, presenting an enamel-like opacity, so that they can only be viewed as opaque objects. When preserved in balsam, they depolarise light very beautifully where the axes of the tourmalines or calc-spars are crossed in the polarising microscope.

B. *Simple Stellæ of the Neutral Salt.*—These are in fact minute calculous concretions, and are generally composed of minute prisms cohering at one end, so as to represent simple stellæ. Not unfrequently they adhere so closely and so crowded as to resemble rosettes. I have repeatedly seen small prisms crystallised as one of the fine transparent hairs which are of frequent occurrence in urine. Indeed, if for the word *rhomboids* you substitute *prisms*, the account I have given you in a former lecture of the varieties of the compound crystals of uric acid will apply to the phosphatic magnesian salt, bearing in mind that the latter is invariably colorless, never presenting the yellow or orange hue of uric acid.

C. *Penniform Crystals of Neutral Salt.*—This very elegant variety of the neutral magnesia phosphate has only lately fallen under my notice, and has not hitherto been described. It presents the appearance of striated feather-like crystals, two being generally connected so as to cause them to resemble a pair of wings. I cannot give any satisfactory explanation of the causes of this curious and elegant variety, or whether they differ in any way chemically from the prismatic form. The few specimens I have met with occurred in acid urine.

D. *Stella and Foliaceous Crystals of Basic Salt.*—This variety, as I have already told you, cannot generally be regarded in any other light than as a secondary product taking place out of the body. When rapidly formed, we generally find this salt in the form of six-rayed stars, each ray being serrated, or irregularly crenate, often runcinate, like the leaf of the taraxacum. This, however, presents several subordinate varieties, depending, in all probability, upon accidental circumstances. When this salt is more slowly formed, as on the surface of the urine of pregnancy, it presents large and broad foliaceous laminæ, often so thin and transparent as to escape notice altogether, especially if viewed in too strong a light. I have, indeed, often overlooked them until I illuminated the specimen under the microscope with polarised light, when they started into view elegantly tinted with colors in which pink and green are the most prominent.

There are no definite microscopic characters by which phosphate of lime can be recognised in deposits; it always appears as a mere amorphous cloud, made up of extremely minute particles, sometimes presenting a globular arrangement. In this form they are frequently found adhering to prisms of the triple salt, and their nature can be readily made out by the addition of a drop of very dilute hydrochloric acid, in which both phosphates readily dissolve, and by this property are at once distinguished from all organic globules, which are insoluble in that menstruum. These deposits are so readily recognisable with the assistance of the microscope, that it can scarcely be deemed necessary to have recourse to their chemical characters, which are often made out with extreme difficulty, from the small quantity of deposit we have in most cases to operate on. If any doubt should, however, remain regarding the nature of any deposit of this class, it may be sufficient to recollect that of all the deposits possessing a true crystalline form which have yet been examined, the triple phosphate is the only one which is soluble in acetic acid, and of all amorphous deposits, the phosphate of lime is the only one which does not disappear on the addition of liquor potassæ.

The urine, in cases where an excess of phosphates of either kind exists, differs in its physical character very materially. Certainly no general rule can be assigned for the color, density, or quantity of the urine secreted in these cases, taking them in a mass; although I think there are certain facts connected with the presence of the phosphatic deposits which serve to connect the color and quantity of the urine with the pathological conditions producing, or at least coexisting with them.

As a general rule, where copious phosphatic deposits, whether magnesian, calcareous, or both, exist for a considerable time, the urine is pale, often whey-like, and of low specific gravity. This is especially the case where organic lesion of the kidneys exists. On the other hand, when the deposits are of occasional occurrence, often disappearing and recurring in the course of a few days, the urine generally presents a deep amber color, and is not only of high specific gravity, but often contains an excess of urea, and presents an iridescent pellicle on its surface by repose. This is especially the character of the phosphatic urine secreted under the influence of some forms of irritative dyspepsia, and where the phosphates themselves may be traced to mal-assimilation. Again, phosphatic urine may be met with varying from a pale whey-like hue to deep brown or greenish brown, exceedingly fœtid, generally but not constantly alkaline, and loaded with dense ropy mucus, often tinged with blood, and in which large crystals of the triple phosphate and amorphous masses of phosphate of lime are entangled. This variety is almost always met with either under the irritation of a calculus, or where disease of the mucous membrane of the bladder exists.

It was long ago remarked by Berzelius, that phosphatic deposits were often present in the urine passed in one part of the day, and absent in other specimens. I carefully watched a series of cases where the triple phosphate existed in the urine, with a view to determine the accuracy of this statement, and am convinced that the following may be assumed as a safe induction from these observations:—*That where the presence of deposits of phosphates is independent of the irritation of a calculus, or of organic disease, it is most abundant in the urine passed in the evening (urine of digestion), and absent or replaced by uric acid, or urates, in the morning urine (urine of the blood), the urine being always of tolerably natural color, never below, and often above the mean density. Where the presence of phosphatic salt depends on the irritation of a calculus, or of organic mischief in the urinary passages, the urine is pale and whey-like, of a density below the average, often considerably so, and the earthy deposit is nearly equally abundant in the night and morning urine.*

One general law certainly appears to govern the pathological development of the phosphatic deposits; I allude to a constantly depressed state of nervous energy, often general, rarely more local, in its seat. Of the former, the result of wear and tear of body and mind in old people, and of the latter the effects of local injury to the spine, will serve as examples. It is true that, in the majority of cases in which phosphates are deposited, there may be much irritability present; you may find an irritable pulse, a tongue white on the surface and red at the tip and edges, with a dry, and perhaps occasionally hot, skin. Still it is irritability with depression—a kind of erythism of the nervous system, if I may venture to use such a term.

Triple Phosphates (neutral).—Where the deposit consists of this salt, you will generally succeed in tracing its connection to some cause which has rendered the system morbidly irritable, at the same time that its tone or strength has been depressed. The simplest example of this kind that has occurred under my notice is in the case of individuals who have periodical duties to perform requiring extreme mental tension and bodily exertion: It has occurred to me more than once to notice this state of things in clergymen, especially in those who, from the nature of their secular engagements, have been accustomed to lead sedentary lives during the week, and to perform full duty on Sundays.

It is not an uncommon thing to find an iridescent film formed of a thin layer, or pellicle, of crystals of triple phosphate, floating on the surface of urine passed by persons laboring under some form of irritative dyspepsia. This often presents the same brilliant colors as a soap-bubble, or thin layer of oil on water. It is clearly the result of imperfect assimilation, and, in all probability, is to be regarded as an attempt at getting rid from the system of an excess of the earthy phosphates which had been absorbed from the ingesta. In this form I have never seen a decided gravel or deposit produced, and I am inclined to consider that it is rather to be regarded as an index, and a valuable one, of the state of the assimilative functions, than as holding out any fear of the ulterior deposit of calculous matter.

I have not unfrequently met with deposits of the triple phosphates in very old people, in whom the state of decrepitude depending on senility had either become extreme, or been aggravated by low living and a want of the ordinary comforts of life. In several cases of this kind occurring in octagenarian dependents on parochial relief, I have found the urine very pale, of low specific gravity, subacid or neutral, and extremely fœtid. The fœtor, which was like that of stale fish, did not appear to depend upon the presence of free ammonia, but in all probability was a result of some slow decomposition of the organic constituents of the urine, a decay depending on the depressed vital energy of the bladder.

I have before alluded to the fact that a deposition of the triple phosphate is often observed to occur in cases where a blow had been received on the lumbar region, or where some strain has been experienced in that region—a fact first observed by Dr. Prout. This effect of injury to the loins is frequently met with as a temporary result of even slight blows or strains, and disappearing in a few days. I once saw a copious deposition of triple phosphates occur in the urine of a young gentleman who exerted himself rather more than his strength could bear in a riding-school. In fact, whatever chemical explanation may be given to the presence of an excess of phosphates in the urine, it is indisputable that in the very great majority of cases there is ample evidence of the existence of some cause producing, to say the least, a depressed but irritable state of the nervous energies in the neighbourhood of the injury. The symptoms observed in these cases are nearly all explicable on this state of the nervous system.

The most prominent symptoms observed in these cases are, great irritability of temper, extreme restlessness, mal-performance of the digestive functions, with such imperfect assimilation of the ingesta, that a certain and often extreme amount of emaciation is a constant attendant. The appetite is uncertain, occasionally being voracious. Fatigue is induced by the slighest exertion; there is a remarkable inaptitude to any mental or bodily exercise, and the patient is often, from the exhaustion thus produced, unfitted for his ordinary duties. In acute cases these symptoms become aggravated by an excessive elimination of urea, which aids considerably in depressing the patient's strength.

Regarding the treatment of these cases, whilst we must allow that in many cases the administration of acids will cause the deposit of phosphates to disappear, yet it must be admitted that we are thus treating but a symptom, although an important one, of a serious malady. It is, perhaps, wise to administer acids, especially the hydrochloric or phosphoric, and thus endeavour to render the urine sufficiently acid to prevent the crystals of the phosphate concreting into a calculus; but, at the same time, we must direct our treatment to the digestive organs, and endeavour to allay the morbidly irritable state of the nervous system. You will often find that it is no easy matter to render the urine acid in this manner; I have in several cases administered the mineral acids regularly, and in as large a dose as the patient could bear, without increasing the action of the urine on litmus paper, whilst in others the urine has appeared to be readily affected. This capricious effect observed in the use of acids renders their administration much less to be depended upon than when alkalies are given in cases where too much acid is secreted in the urine. The best mode of treating these cases is to regulate the bowels by tonic aperients, and allay the morbid irritability present by the use of sedatives. For this purpose, the mist. gentianæ compos. may be made the vehicle for the administration of dilute hydrochloric acid in doses of fifteen or twenty minims, with half a drachm of the tincture of henbane thrice a-day. In protracted and severe cases, the use of opium in graduated doses has, in the hands of Dr. Prout, been of great service. In one very severe case, which occurred to myself, I thought I found much relief in the administration of iron in the form of the acetate thrice a-day, with a sedative at night. The preparations of zinc and silver also hold out great probability of being of service, from their well-known power in allaying morbid irritability of the digestive organs, and perhaps of the organic system of nerves generally.

With regard to the *pathological* indications afforded by the deposits of phosphate of lime, they are analogous to those already pointed out to you as peculiar to the triple salt. Intimately related as these salts are chemically, their pathological indications might be expected to be analogous; and such, indeed, is the case, if we except the not unfrequent excessive secretion of phosphate of lime as the result of disease of the mucous surface of the bladder. It is not uncommon to find both phosphates mixed in a deposit, which is thus readily fusible in the blow-pipe flame, unless too great an excess of either ingredient be present. These mixed deposits are not unfrequent in gouty people, and in such cases I have seen deposits of crystalline and amorphous phosphates alternate in the urine passed in the evening, whilst the morning secretion was loaded with urate of ammonia. So far as I have had an opportunity of watching the progress of cases where phosphate of lime is deposited (and they are by no means of frequent occurrence), I have generally fancied that they present more marked evidence of exhaustion, and of the previous existence of some drain on the nervous system, than where the triple salt alone existed.

Occasionally some curious cases are met with, in which phosphate of lime has come away in the urine for a long period without apparently doing much mischief. A very remarkable instance of this kind occurred in Guy's Hospital some years ago among the out-patients, in the person of an old man under the care of Dr. Hughes. This patient had for many years passed almost milky urine, which, by repose, deposited such an enormous quantity of phosphate of lime, that he brought to me at one time upwards of an ounce of this calcareous salt. He had been under the treatment of half the hospital physicians and surgeons in London during fourteen or fifteen years, but his urine remained unimproved. He afterwards came under my care, but I found all the remedial measures I adopted useless. At the same time I may remark, this man's health appeared so good that there was scarcely an excuse for submitting him to any course of treatment beyond the apprehension of the possible formation of calculus.

I cannot quit this part of my subject without pressing upon your notice the value derived in many of these cases from injecting the bladder with a very dilute mineral acid. I am confident that an irritable condition of the bladder, highly favorable to the secretion of earthy phosphates and excess of mucus from its mucous membrane, has been in some cases kept up by retention of phosphates in that viscus. Certainly, I have now seen many cases where viscid ropy mucus, mixed with abundance of phosphates, both magnesian and calcareous, have been secreted, and where the distress of the patient has been extremely increased by intense irritability of bladder. And in these all plans of treatment have been unavailing, until the bladder has been carefully washed out by means of warm water, and an injection, consisting of half a drachm of dilute hydrochloric acid, with a drachm of vinum opii in half a pint of warm barley-water, has been thrown in by means of a double catheter, in the manner described by Sir B. Brodie. I had a case under my care last year, in consultation with a most excellent and talented provincial physician, Dr. Baker, of Maldon, in which the irritability of bladder was so intense that there was almost constant desire to pass water, attended with horrible suffering. The urine often contained blood, and rapidly underwent decomposition; it presented a copious dense deposit of puriform mucus, mixed with an enormous quantity of triple phosphate in very large crystals. The state of distress to which this lady was reduced by the disease rendered her life a complete burden. On examining the urine carefully, I could detect no true pus; it did not coagulate by heat, and much of the opacity presented by the mucus was owing to the presence of the triple phosphate. I suggested the use of a solvent injection analogous to the one just described. Great difficulty was experienced in the use of the catheter, in consequence of the excessive suffering it produced. Ultimately the injection was very effectually administered by Mr. May, of Maldon, and the effect was most remarkable; the irritability of bladder rapidly subsided, and, by repeating the injection, it was completely removed; and, on being called into Essex to a case in the neighbourhood some time after, I had the pleasure of seeing this lady apparently well.—*Abridged from the Medical Gazette.*

CASES
OF
TRAUMATIC TETANUS,
SUCCESSFULLY TREATED WITH TARTAR EMETIC.

By J. Brown, Esq.

Case I.—Ramjaun Oola, a poor villager, a man apparently about fifty years of age, and weakly constitution, was admitted into hospital on the 22nd of December, 1836, with a very slight wound over each parietal bone, inflicted, I believe, by a stick, and which originally were not above an inch in length each, and nearly healed when admitted. Some simple dressing was ordered to them.

On the morning of the 24th of December I observed that the man could speak but very indistinctly. The muscles of the neck and face were very rigid, and the lower jaw secured in close application to the upper; a heavy and anxious look about him; pulse feeble; skin natural; bowels regular. Ordered him half a grain of the tartarised antimony in solution, with thin sago every half hour; to be intermitted as occasion may require.

P.M. About one o'clock experienced a little nausea; no change. Continue medicine.

25. As yesterday; no evacuation by stool. Infusion of senna, two ounces; to continue the antimony.

26. Pretty much as yesterday. To continue his medicine, the antimony.

P.M. Evidently better this evening; muscles not so rigid.

27. Mouth still closed, otherwise as yesterday evening. To continue the medicine.

28. No further change. To continue the medicine.

29. Has experienced a good deal of nausea; bowels confined. Infusion of senna, two ounces; the antimony to be given every three hours.

30. Improving; muscles still more relaxed; able to work the lower jaw, and put out his tongue. Continue medicine.

The tartarised antimony continued for a few days longer beyond the date of last report; the man daily getting better, he was discharged on the 18th of January, 1837, quite well.

Case II.—Jebun Sheik, a strong and stout man, about thirty years of age, a villager, was sent to me on the 26th of December, 1837, with a severe wound from (I believe) a sword, on the outer side of the left leg, near the ankle joint, and penetrating to the bone. The wound was in bad condition, as it had been neglected for several days. About the beginning of February the wound was nearly healed, and the man became exceedingly anxious to return home. I persuaded him, however, to stay and wait till it should be quite healed. On the evening of the 9th of February the man was more anxious than ever to go away, and begged I would consent to his dismissal from hospital. I quieted him with the assurance he should go in a day or two. On the morning of the 19th, I observed he appeared in great anxiety, and I questioned him why he should be so. He then told me that for about six days he has experienced a stiffness about the muscles of the neck and face, and a difficulty in using the lower jaw, together with a sensation of stiffness from the wound upwards, and along the spine of the back, which symptoms, he took notice, were gradually on the increase; and, therefore, he was anxious to go home, for he thought they must have originated from confinement to the hospital. Had passed a very restless night. I thought it best to explain to the man that the symptoms which then appeared took their rise from the wound he had received; if he went home he would be out of the way of all help; these symptoms would increase, and most likely terminate in his death. He consented to stay, and I determined on giving the oil of turpentine a fair trial, as I had, in course of reading, met with a case where it seemed to have the effect of a specific. I prescribed, therefore, sixteen drops of the oil every two hours; sago diet.

Feb. 10, five, p.m. Said he thought he felt better; appeared less anxious; pulse full, and about 70; skin natural. Ordered the turpentine every four hours.

11. Slept a little; symptoms somewhat moderated. Medicine continued.

P.M. Much the same as in the morning; bowels rather confined. Ordered him three grains of calomel, with seven grains of aloes; castor oil.

12. No sleep last night; symptoms all aggravated; appears in great alarm; difficulty in opening his mouth and swallowing much increased; constriction about the fore part of the throat severe; complains of great pain and stiffness in back and along the left leg; pulse moderate; skin natural; anxious to go home. I considered it right now to drop the turpentine, and resort to the tartarised antimony, having found it to answer so well in a similar case under my care during the month of December, 1836. I, therefore, directed that a quarter of a grain of tartarised antimony should be given every quarter of an hour, till nausea be produced, and then that the frequency of its exhibition should be diminished a little.

P.M. Appears much better this morning; symptoms greatly moderated; neck not so stiff; can use his jaw better, but is not able to open his mouth beyond the extent of a quarter of an inch; still feels the stiffness in his back and leg; slept a little during the day; bowels opened four times; takes sago and milk for food; pulse 84, and pretty full. Has taken seven grains of the tartarised antimony; ordered it to be continued every half hour.

13. Slept a little during the night, and was pretty free from pain till towards morning; complains now of tightness across the chest, and pain shooting from the ensiform cartilage to the back bone; experiences occasionally pretty severe contractions of the muscles, situated along the back and on each side; throat not worse; pulse 88, and hard. Six grains of the antimony taken during the night; nausea was produced several times; water does not flow freely.

P.M. No pain at present about back or neck; the office of deglutition performed with more ease; occasionally a twitch of pain in the leg, and then it shoots upwards to the back and chest; three stools. Has taken six grains of the antimony.

14. Rested better last night; feels pretty comfortable now; pulse 100; passes water freely. Took five grains of the antimony during last night.

P.M. Has been easy all day; feels inclined to eat something more; says he took a little dholl and rice for dinner; pulse 102; two stools. Has taken six grains of the antimony.

15. Rested well, and was quite free from pain till towards morning, when he begun to experience a sense of tightness up the leg and side; no uneasiness about the chest; pulse as yesterday; no stool. Has taken six grains of the antimony.

P.M. Continues much as usual; one evacuation. Six grains of the antimony administered.

16. Rested well till the morning, when he experienced the same sensation as yesterday. Took six grains of the antimony during the night; a small sinus discovered with an opening into the sore, which was cut and laid open.

P.M. Has been quite easy all day; no unpleasant sensations from the sore; one stool. Has used six grains of the antimony.

17. Slept well till three this morning, when he had a couple of slight twitches of pain up the leg; one motion; water does not flow so freely. Has taken the usual quantity of antimony; castor oil, six drachms.

P.M. Four stools; has experienced rather more uneasiness about the leg to-day; water flows freely. Taken six grains of the antimony.

18. Rested well last night; experienced a little uneasiness from twitches of pain arising from the sore between the hours of twelve and two; pulse 80, rather small. Has taken his antimony.

P.M. Has been very comfortable all day. Taken the antimony as usual.

19. Rested well; feels much better. Continues the medicine.

P.M. Continues improving; able to open his mouth to considerably greater extent than heretofore. Has taken the same quantity of antimony.

20. Still better.

March 3. Has been quite free from all complaint since last report, taking his medicine as usual. The antimony omitted this morning.

Discharged on the 12th cured.—*Bengal Transactions.*

RETROSPECT OF THE MEDICAL SCIENCES.

LUXATION OF THE PATELLA ON ITS AXIS. BY DR. P. GAZZAM, OF PITTSBURG.

James, aged twenty-one years, son of Judge Porter, of Pittsburg, was thrown while wrestling, and immediately found himself unable to rise.

On seeing him about an hour after the accident, I found the patella of the right leg dislocated on its axis—*i. e.*, it was lying on its edge, presenting the posterior face outward, and the anterior face inward, the inner edge resting in the groove between the condyles of the femur.

Flexing the thigh on the pelvis and straightening the leg, I endeavoured to replace the bone by pressing its edges in opposite directions, but failing (after repeated trials), I requested that the patient should be brought to town (the accident happened three miles out of the city), and additional advice procured.

At about twelve o'clock the patient was brought to his father's house, where I met Dr. Addison. After repeated unsuccessful attempts at reduction, it was thought well to lessen the tension of the joint by dividing the ligament of the patella. This I did by introducing beneath the skin a narrow-bladed knife, and cutting the ligament close to the tubercle of the tibia. Again we attempted reduction, but failed. The patella could be moved on its edge more freely than before the cutting, but resisted all our efforts to replace it.

Dr. Speer was now joined to the consultation, and, in accordance with his suggestion, the patient was placed erect, a vein opened, and the blood allowed to flow until the approach of syncope, when the efforts at reduction were renewed, but although the patella could be moved on its edge, it could not be lifted out of the groove in which it rested. It was now agreed to let the patient rest for a few hours.

The thigh was now strongly flexed on the pelvis, and the heel elevated. Then the leg was flexed steadily and forcibly on the thigh, and suddenly straightened. At the moment of straightening the leg, I pressed very strongly against the lower edge of the patella from without, with the head of a door key well wrapped, while Dr. Addison pressed with both thumbs against the upper edge of the bone towards the external condyle. On the fourth trial this manœuvre succeeded, the bone springing into its place with a snap. A cushioned splint was placed behind the knee and secured by a bandage; an evaporating lotion was used, and the patient kept at rest. Recovery was uninterrupted, and the young man has now perfect command of the limb.—*American Journ. of Med. Sci.*

INCONTINENCE OF URINE, SUCCESSFULLY TREATED BY NITRATE OF POTASH. BY J. YOUNG, M.D., OF CHESTER, DELAWARE COUNTY.

Eneuresis is so disagreeable and loathsome a disease, and frequently so difficult to manage, that the following cases, with their treatment, may not be devoid of interest to a portion of the practitioners of our art, inasmuch as the article used, it is believed, is not to be found among the means generally recommended by authors for that purpose.

In the winter of 1828, I was requested by my friend Dr. R. C. Marsh, one of our oldest, most intelligent, and most experienced practitioners, to take charge during his absence of a highly respectable lady, about fifty years of age, suffering from incontinence of urine. He informed me that all the means that are usually prescribed had been used in this case, and had failed; that he had been trying for more than a week the tincture of lytta of the pharmacopœia, and he now had prepared a saturated tincture, which he proposed using, and to which I at once agreed.

The perineum was then sore with a blister, and the saturated tincture was given in rapidly increased doses, until a teaspoonful three times a-day was given. It produced no effect whatever; but, on the fourth day of its use, I found her affected with a tolerably violent catarrh, with cough, coryza, considerable fever, an irritable pulse, and an exceedingly irritable state of the system. There was no change in the eneuresis.

Deeming it improper to continue the course agreed on with Dr. M. under this new state of things, the tincture was discontinued, with the intention of resuming it again as soon as the catarrhal affection had subsided. A saline cathartic, with demulcent drinks, bathing the feet at night, and a dose of paregoric at bed-time, were recommended. This was February 5, 1828.

7. I saw her again, found her much relieved of the catarrhal symptoms; there was still, however, some feverishness and irritability, without the least improvement in the original complaint. Directed nitrous powders, ten grains every three hours, and continue demulcent drinks.

9. She is entirely relieved, not only of the catarrh, *but also of the eneuresis.* She was as much rejoiced at this result as I was surprised. She said that, after taking a few doses of the powders on the day they were first used, the incontinence ceased, and has not yet returned. I ordered a gradual withdrawal of the medicine, and did not see her again, as the period of Dr. M.'s absence was about expiring, and he would again pay such attention as the case might require. I subsequently learned that it did not return, and that the cure was complete.

This was the first case of the kind I had ever seen, and its accidental cure made an impression on my mind that has been of advantage since in the treatment of similar cases. It is, fortunately, not very common, in country practice at least, as I have met with but five cases of it since, three females and two males. The first, and only prescription used in each case, was *ten grains* of pulverised nitre every three or four hours, with flax-seed tea to drink, and they have all yielded within twenty-four hours of commencing the treatment.

Supposing that the same treatment might be serviceable in congenital incontinence, or where children from five years old and upwards wet the bed, I have tried it in one case, and with complete success. A boy between nine and ten years of age, who rarely in his life had ever escaped wetting the bed one or more nights in the week, was ordered ten grains of nitre three times a-day for a week; during this time he escaped his filthy practice; it was omitted three days, and then ordered to be given four days in the week, omitting it three. It was thus continued five weeks, when it was entirely discontinued, he not having wet the bed since he commenced taking the nitre, nor did it return so long as he was under my notice, more than a year after. I have had no opportunity of trying it in any case since, but should any occur in future I shall certainly give it a fair trial:

I have supposed that the modus operandi of the nitre in these cases may be, by increasing the irritating properties of the urine, thus making it more stimulating to the bladder or its sphincter. If so, other preparations of potash or soda may be found serviceable in cases in which the nitrate may not succeed, and it thus opens a field of new resources from which we may bring relief, which could scarcely be found otherwise, to some persons suffering under one of the most disagreeable diseases human nature is subject to.

Perhaps the mode of treatment here used may be an old one; but if so, I know not where to find it recommended—certainly not in any of the authors that have fallen in my way.—*Ibid.*

TATISTICS OF PULMONARY CONSUMPTION IN THE CITIES OF BOSTON, NEW YORK, AND PHILADELPHIA, FOR THIRTY YEARS. BY GEORGE HAYWARD, M.D.

With a view of ascertaining whether pulmonary consumption was on the increase or decrease in this country, Dr. H. has presented in a tabular form, the whole number of deaths from every cause, for each year for thirty years, and also the number from consumption, during this period, in the cities of Boston, New York, and Philadelphia. By this method we can only arrive at an approximation to the truth, but unfortunately bills of mortality are not usually kept in the United States, and of course perfect accuracy is not attainable.

"The most striking fact brought to light by these tables, is the great decrease of deaths by consumption in these cities. This decrease has been great in all, but greater in Boston than in either of the others; and this is not only a relative, but an absolute decrease, for the mortality has been somewhat more during the last ten years than it was thirty years ago. At that time the deaths were about 22 to 1,000 inhabitants; and now they are nearly, if not quite, 23 to 1,000. It will be seen by these tables, that in Boston the whole number of deaths was—

Boston.	Deaths.	Deaths by Consumption.	Ratio.
1st 10 yrs.	8,741	1,896	1 in 4·622
2nd "	12,379	2,046	1 in 6·050
3rd "	17,406	2,396	1 in 7·587
For 30 yrs.	38,616	6,243	

which is equal to 1 death by consumption in 6·185 of the whole number.

New York.	Deaths.	Deaths by Consumption.	Ratio.
1st 10 yrs.	27,080	6,061	1 in 4·451
2nd "	45,552	8,010	1 in 5·686
3rd "	79,853	13,415	1 in 5·952
For 30 yrs.	152,480	27,486	1 in 5·547

Philadelphia.	Deaths.	Deaths by Consumption.	Ratio.
1st 10 yrs.	23,582	3,629	1 in 6·498
2nd "	37,114	5,522	1 in 6·721
3rd "	52,900	7,070	1 in 7·482
For 30 yrs.	113,596	16,211	1 in 7·003

"Thus it appears, that during the whole period embraced in these tables, Philadelphia has suffered less from consumption than either of the other cities; the average number of deaths from that disease for the whole time being as 1 in 7·003 of the whole number; while in Boston they were as 1 in 6·185; and in New York as 1 in 5·547. But during the last ten years, Boston has enjoyed the greatest exemption. From 1831 to 1840 inclusive, the deaths in Boston from consumption were only 1 in 7·587, in Philadelphia 1 in 7·482, and in New York 1 in 5·952.

"It will be seen, by examining the bills of mortality of the city of Boston, that there has been a very striking and uniform improvement as to pulmonary consumption since the year 1811. By the United States census of 1810, Boston contained 33,250 inhabitants; in 1820, 43,298; in 1830, 61,392; and in 1840, 93,452. In 1811, when the population had not probably increased at all from the preceding year, as it was a period of great depression in commercial affairs, the whole number of deaths was 742, of which 221 were of consumption; while in 1840, with a population nearly three times as great, and with nearly three times as many deaths, there were only 19 more fatal cases of consumption, the whole number being but 240; not quite 1 in 8 of all the deaths, and not 3 in 1,000 inhabitants."

It must be evident, Dr. H. thinks, to any one who will examine the subject, that it is impossible to explain the great diminution in the number of deaths by consumption, as reported in the bills of mortality of the city of Boston, without admitting that there is an actual decrease of that disease. "To what this decrease may be owing, it is not perhaps easy to determine. It is probably, however, to be referred to a combination of causes, rather than to any single one. These I should say were mainly the great improvements that have taken place in living during the last thirty years; to the increased comforts of life, which are now enjoyed by every class of the community. People are better fed, better clothed, live in more comfortable houses, indulge less in excess of all kinds, and pay more attention to personal cleanliness, than they formerly did. They adopt better and more effectual means to protect themselves from the vicissitudes of temperature; and the low rate at which cotton fabrics can be obtained, and the consequent general use of them, have no doubt contributed essentially to this desirable result.

"It is well known that a cold, moist, and variable climate acts not only as a predisposing, but as an exciting cause also of consumption; and unless the system is protected by proper food and suitable clothing by day and by night, many of the inhabitants of such a climate will fall victims to pulmonary disease. There is no greater error, I believe, than to suppose, that the body can be hardened by exposure to the atmospheric changes without suitable precaution. It would be as reasonable to imagine that it could acquire the power of resisting any degree of heat or any of the powerful chemical agents, as that it could without proper protection withstand the influence of the elements."

"Our only hope of lessening the mortality from consumption, is by using all possible means of prevention; for it is not pretended by those whose opinion is of any value, that this disease in a confirmed state is within the control of remedies. It behoves us then to ascertain, if we can, what these means are, and to use them with diligence.—*New Eng. Quarterly Journ. Med. and Surg.*, January, 1843.

PREVENTION OF PHTHISIS.

"Can we prevent the development of phthisis in a person of scrofulous habit who has caught cold, got a dangerous attack of bronchitis or pneumonia, and is threatened with hectic? I do not wish to enter here into any disquisition concerning the means to be adopted with the view of preventing tubercular deposition, or producing absorption when tubercular matter has been deposited in the tissue of the lung. To prevent tubercular deposition, you must cure the scrofulous diathesis if you can. But suppose you are called to a case of the kind I have already described, where a young man of scrofulous diathesis gets a bad bronchitis or pneumonia, exacerbates it by neglect, and is threatened with hectic, what is the best plan you can pursue? My impression is, that you should treat it as you would treat acute scrofulous inflammation of the knee or hip-joint; in other words, that you should mercurialise your patient rapidly and at once; do it suddenly and decidedly, but without pushing the mercury too far, and you will often arrest all the symptoms of the disease, as if it were by a charm.

"When a sudden attack of cold has produced inflammation of the substance or lining membranes of the lung in a person of scrofulous habit—where the attack is recent, and has occurred under circumstances which preclude any suspicion of previous tubercular disease—in such a case as this you will find mercury a most admirable remedy in checking symptoms often not amenable to other plans of treatment, and which, if neglected or maltreated, would in all probability end in phthisis. I was led to the adoption of this plan by the success which has attended Dr. O'Beirne's practice in acute scrofulous inflammation of the joints, and from observing that cases of unmanageable chronic bronchitis had been occasionally cured perfectly, where mercury had been exhibited for other affections; and it is a curious fact, that about the time I had fallen upon this mode of treatment, it suggested itself likewise to the minds of Dr. Stokes and Sir Henry Marsh, who can testify to its utility. Of course, it will not succeed in all cases; and I have seen it fail in others where I had confidently expected benefit. Notwithstanding this, it is a most valuable addition to our resources, in certain cases that would end in phthisis."—*Dr. Grave's System of Clinical Medicine.*

NEW HERNIA KNIFE.

Dr. T. Campbell Stewart has described in a late number of the "American Journal," a new form of knife for the purpose of dividing the stricture in cases of strangulated hernia, and said not to be open to the sources of danger attending upon the employment of the instruments commonly in use; he particularly advocates its use in cases of inguinal and crural hernia. The knife consists of a small convex blade concealed in a hollow canula, presenting at half an inch from its extremity a notch of about two lines in length, and one line deep for receiving the membranes which constitute the structure; this opening is closed at the top by a steel blade, presenting at one end a small shoulder, and at the other a wire spring concealed in the handle. The knife, small and convex, is strengthened by a shoulder on either side, projecting a little higher than itself, and protecting its edge from contact with the canula.

The instrument is directed to be used in the following manner:—

So soon as the sac constituting the hernia shall have been laid bare and opened, the canula containing the knife is to be introduced, flat between the intestine and the stricture; as soon as it has entered, the instrument is turned, so as to bring its upper surface in contact with the part to be divided, and then pushed gently and cautiously onwards; after penetrating a short distance, its further progress is arrested by a small shoulder, the blade of which, however, being terminated by the spring, yields to continued pressure, so far, and so far only, as may be necessary to admit the constricting membranes. These being now engaged in the excavation, the knife is made to move forwards and backwards by pushing and withdrawing a button placed beneath the handle, with the index finger of the right hand, so as to incise as much of the membranes as may be thought necessary to permit the reduction of the hernia. The structure may be thus divided, above, below, or on either side of the intestine.

ACCUMULATIONS OF GAS IN THE ALIMENTARY CANAL.

These collections in the alimentary canal have commonly been observed to occur under the following circumstances:—The intestines of those recently dead are often found inflated with air, and this meteorism appears to have taken place long before the putrefactive process, in which many gases are evolved, could have set in. In typhoid fevers, *tympanitis* is a frequent symptom, and one denoting great prostration. During the course of many acute diseases attended with depletions, whether symptomatic or remedial, vast quantities of air are not infrequently discharged from the stomach and bowels. Flatulence, too, is a common affection in old and debilitated constitutions—in chlorotic females especially, whose vascular system is in a state of depression. It occurs on the withdrawal of accustomed stimuli, such as fasting, or the change from animal to vegetable diet, or the exclusive or occasional use of the latter without aromatic condiments. In fact, any food which will not afford a sufficient supply of chyle to the blood, or any cause which will diminish, directly or indirectly, the full quantity of blood circulating in the vessels, or, by way of corollary, so far lessen the tonic contractile power of the vessels themselves, as that their calibre may be coarsely imagined to exceed at any time the quantity of fluid circulating in them, will be found to favor these gaseous accumulations. In confirmation of these views, we may observe that flatulence is of frequent occurrence in infants who are insufficiently nursed, or whose nurses are not in robust health, especially during the first three months of motherhood, when the woman, being weakly after her recent confinement, her milk is as yet deficient in that amount of nourishment which is requisite for the child, and which it acquires with the mother's returning strength; and, for the same reasons, we may observe the child to suffer from a similar affection whenever its nurse is operated upon by purgative medicine, or when the current of nervous and vascular action is turned towards a new channel, such as the occurrence of menstruation or pregnancy before the child is weaned.

I may here also remark, that those diseases which are characterised by an impeded circulation of the blood, such as asthma, and some forms of heart disease, are ever accompanied by a distressing flatulence, which aggravates so extremely the sufferings of the patient afflicted with these diseases.—*Dr. Steele.*

MORBID CONDITION OF THE BLOOD IN GLANDERS.

M. Renault made a number of experiments to ascertain whether the blood of an animal laboring under glanders could communicate the disease to a healthy animal. A horse was inoculated with pus taken from a man laboring under glanders; the horse was soon after seized with the disease. Before killing it a quantity of blood (ten ounces) was taken from the jugular vein, and injected into the veins of a healthy horse. At the end of three days the horse was seized with acute glanders; and blood drawn from it, and injected into the veins of another healthy and vigorous horse, in its turn produced glanders also in three days. From these and other experiments, M. Renault concludes that the blood is essentially diseased in this fearful malady.

ADULTERATION OF CALOMEL.

It is stated in the "Journal de Chimie Médicale," on the authority of M. Moritz, that, in the examination of two specimens of calomel, the one prepared by steam, the other called "calomel by precipitation," that the former was found to contain a fifth of its weight of sulphate of barytes; whilst the latter was, in fact, the ammonio-chloride of mercury, also mixed with a fourth of its weight of the sulphate of barytes.

INSANITY A PHYSICAL MALADY.

Instead of delirium, mental derangement, and insanity, being merely mental disorders, each of them must be in part, and its origin, a bodily one; moreover, although they may appear to be removed by remedies which were intended to divert the mind from its own thoughts, the cure is, nevertheless, brought about generally and really by the action of these remedies on the body.—*Dr. F. Willis.*

DICTAMNUS CRETICUS.

At a late meeting of the Medico-Botanical Society, Mr. Bennett described this plant as a native of Candia, perennial, and flowering in July. Of the many properties attributed to it, its emmenagogue, alexipharmic, and vulnerary, appear to be the chief. It is used in infusion, or by being smoked. The leaves have an agreeable aromatic smell, and a hot, biting taste, imparting their virtues both to water and spirit. They contain a yellow essential oil, congealing when cold.

OPERATION FOR CATARACT

PERFORMED ON A PATIENT 110 YEARS OF AGE.

Dr. Boling, of Montgomery, Alabama, has recently performed the operation of couching in a case of cataract occurring in a man, aged 110. The patient was benefitted by the operation, and is described as now possessing "better sight than is generally enjoyed by *persons of his age.*"

WESTMINSTER MATERNITY CHARITY.

The following appointments have been made to this institution:—As consulting physician, Dr. Bright; consulting surgeon, Anthony White, Esq.; physicians, Dr. Andrews and Dr. Frederic Bird.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, June 30, 1843.

J. Fox, W. H. Attree, W. H. Saxton, C. O. Baylis, L. A. Lawrence, T. Hall, P. W. Thompson, J. Carruthers, R. F. Hodges, E. Hanks, R. Clark.

APOTHECARIES' HALL.

Licentiates admitted Thursday, July 6, 1843.

William Nash Spong, Kent; Arthur Sarjeant; Edward Quigly Mc Illree; John Postgate, Scarbro'; James Utten Easson, London.

ERRATA.

In last Number, p. 266, c. 2, l. 22, for "rigo," read *Vigo;* p. 278, c. 1, l. 28, for "Opi fergue per ortem de cor," read *Opiferque per orbem dicor.*

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LETTERS AND COMMUNICATIONS, TO DR. HENNIS GREEN, 58, MARGARET STREET, CAVENDISH
SQUARE, LONDON. LETTERS CONNECTED WITH THE PROVINCAL ASSOCIATION,
TO DR. STREETEN, WORCESTER.

Printed by SAMUEL TAYLOR, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand;
and Published by HENRY RENSHAW at his residence, No. 356, Strand.—Saturday, July 8, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 146.] LONDON, SATURDAY, JULY 15, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

AN ADDRESS
ON
MESMERISM.

Read at the Annual Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, held at Bristol June 29, 1843.

By J. B. Estlin, F.L.S.

The communications read at the meetings of the Bath and Bristol Branch of the Provincial Medical and Surgical Association consist usually of details of facts on points connected with our professional experience, and such seem to be best suited for the limited opportunity we have of hearing and discussing scientific subjects; but occasions may arise when local circumstances may at least excuse a reference to matters more in connection with professional *morale*, than with medical facts and experiments.

It has appeared to me that such is the case at the present moment in this city; and though I approach the subject with hesitation, and distrust of my ability to do it justice, and aware that I may expose myself to obloquy by the view I am compelled to take of it, still, having had the special permission of the president to introduce it, I am unwilling to allow the present opportunity to pass by without addressing a few words—words of caution—to my brethren, upon the subject of Mesmerism.

To our Bath friends I feel it necessary to apologise for bringing this uninviting topic before them, by stating the following facts. Courses of lectures have lately been delivered in the Literary and Philosophical Institution of this city upon Mesmerism; in the public announcement of one of these lectures the syllabus states that there will be shown "(among other interesting phenomena of sleep-waking) the excitation of the MUSICAL, RELIGIOUS, and other FACULTIES, by operating upon the corresponding PHRENOLOGICAL ORGANS, and the sleep-waker's power to discover disease, &c." These lectures have been attended by numerous medical men of Bristol; proposals have been made for forming a class to investigate "Mesmeric phenomena," when more lectures will be delivered to show, among other things, the sleep-waker's power to discover disease and its remedies;" and lastly, within the past fortnight, two letters have appeared in our local papers under the signature of "An Inquirer," bearing the impress of a reflecting mind, ably and temperately, but strongly, urging the reasonableness and desirableness of investigating into the truth of the statements that have been made respecting animal magnetism.

The task is no very gracious one to attempt to check investigation into truth, and especially when the call is made upon a profession the principal portion of whose knowledge is based upon the results of cautious experiment. I am aware of its delicacy; but I feel conscious that I am appealing to men of education and correct feeling, who will listen without prejudice to the observations offered to them, and who will give the writer credit for good intentions, though he may not satisfy their judgment that his views are correct; and I would here beg to premise, that while freely expressing my own opinions, I desire to do so in perfect amity with those who differ from me, allowing to them the privilege of that independent opinion which I claim for myself, and trusting I shall say nothing that can occasion them the least pain. The subject, however, is one upon which I feel strongly, and upon which I desire to speak with no reservation.

When any effort is made to check inquiry, whatever the subject may be, we must expect to be reminded of the incredulity and opposition with which the discoveries of Galileo and Harvey were received, and the opposed party at once compare themselves to those persecuted philosophers. The comparison is plausible, but not very sound in the present day. So far from the disposition of this age being to check inquiry, it appears to me that the public taste gives almost too much latitude to it. So great is the rage for discovery, especially in the scientific world—so desirous are the votaries of science to be the first to bring forward something new, that *utility*, with many inquirers, seems to be a consideration very secondary to *novelty* in the results of their experiments: and I would fearlessly point to the present state of animal magnetism in England, which has for a number of years made pretence to almost supernatural powers, having been long subjected to the unrestricted observation of intelligent men desirous of investigating truth, as well as to the curiosity of more eccentric spirits, in eager search after the wonderful and new—I would fearlessly point to the present position of animal magnetism in this country as no small evidence of the unsoundness of its doctrines.

It would be as much beyond my purpose as my limits to enter upon the origin of Mesmerism, and its various rises and declines; or to refer more particularly to its present stationary situation in this and other countries, and still less is it my intention to describe the numerous phenomena attributed to it, with the explanations of those who have supported or opposed its views: I presume that those who hear me are sufficiently acquainted with what has been going forward in England during the last five or six years upon this subject. And far be it from me to check those of a philosophic turn of mind out of our profession, who think the matter deserving of further investigation, from pursuing it. My object is, to exhort my professional brethren not to listen to the call made upon *them* to lend themselves to assist in the inquiries that are demanded of them into this "*vexata questio.*"

It is upon the following grounds that I think medical men are warranted in taking this position, in reference to the question under consideration.

Mesmerism has been before the public for about eighty years, yet notwithstanding the attention that has been paid to it in various countries, its vast importance if true, and the facility of proving its truth so as to place it beyond dispute, it has made little or no progress in establishing itself as a science. Surely the human mind has no natural repugnance to a power that will prevent the experiencing pain—that will enable us to see without the employment of eyes, and to become acquainted with circumstances and events not cognizable by any sense we know ourselves to possess! No science holds out so much reward to those who pursue it as animal magnetism; and yet, after all the attention paid to it, upon what slender foundations do its assumed facts rest at the present period?

It is admitted, even by the advocates of Mesmerism, that good faith has not marked the proceedings of all its professors—that imposture and collusion have often been practised—that deception is very easy of adoption in the experiments; but they argue that these circumstances do not furnish a sufficient reason for denying the truth of facts vouched for by observers whose integrity is beyond suspicion. We must not, however, forget that in the establishment of facts of a most extraordinary character, and such as cannot be verified at all times and by all persons, in addition to honesty of purpose in the observer, we must have evidence of a sound, discriminating judgment, of a mind not prone to delight in the marvellous, and not likely to be misled by impositions that may be easily practised.

Of the character of some of the evidence which has been brought forward in proof of the claims of Mesmerism to the attentive consideration of intelligent medical men, I will adduce as a specimen the lectures before referred to, that were delivered (I regret to say) in the Bristol Institution, an establishment intended for the "advancement of science, literature, and the arts."

The account is taken from the "Bristol Mercury," and I have been assured, by those who were present, that the report is a faithful one.

A young woman was brought by the lecturer from London for the purpose of exhibiting the phenomena of Mesmerism. She was put, by some movements of the lecturer's hands, into what he called a state of *sleep-waking*, and seated on a sofa beside a medical gentleman (Dr. John Davis, of this city), in the theatre of the institution.

"The organ of TUNE was first named" for the lecturer to excite. "On being first asked how she felt, the sleep-waker replied that she was happy; as the question was repeated, she said she felt very comfortable, and did not like to be bothered." "She then interrogated Dr. D. as to who he was, if he went to church or chapel; she then complained of violent headache, and, when desired to show the seat of the pain, pointed to the top of the head." "After again saying she was happy, she asked him (Dr. Davis) if he could sing a song. At the request of Dr. D., she herself sang some verses of 'Gaily a troubadour touched his guitar;' but, on the lecturer pointing to the organ of *veneration*, she stopped, and said she did not like to sing songs. A gentleman then handed in a request that the organ of *wit* might be excited, and after the lecturer had passed his hand over it for some time, she said she should like to lie down and be quiet. She then asked the Doctor if he was kind, and said every one ought to be kind; she considered herself always good-natured, and would not see anything hurt except when in a pet, at which time she would kill anything that came in her way. This line of remark she continued for about two minutes. On Dr. D.'s observing it was not well to be pettish, she replied, 'No, especially if you are a single gentleman.' She then commenced a lively, even flippant, conversation, which she ended by pulling off the Doctor's spectacles, and telling him it was no wonder he broke hearts, as he had two pair of eyes.

Veneration was next named. She told the Doctor she hoped he was good, led a good life, read good books, and went to church. On being asked if she went to church, she replied, 'No, I don't, but I have a good reason for it. My father occupied the situation of parish clerk, and, now that he is dead and gone, when I go to church, and see the parish clerk sitting under the parson, it is too much for me to bear.'

"*Destructiveness* was next operated upon, and the patient appeared to grow pettish and angry; she replied uncivilly to every question, and was promising to box the Doctor's ears in right good earnest, when the Mesmeriser said it would be unsafe to excite the organ any farther, and he subdued, or appeared to subdue its power, by waving his hand over it rapidly, and blowing upon it with his breath.

"*Color* was the organ next named. The patient at first talked largely about clothes she had given away, and how charitable she was, and related an instance in which she had given away a bonnet to a beggar who had sold it for a glass of gin. She did not dare to go out with money in her pocket, as she should give it all away. At length she said she saw lovely things before her eyes, that bunches of flowers kept falling to the ground, and vanishing as they fell; ribbons, too, of all colors were passing before her, but they were as narrow as straws."

I am at a loss to understand how any unprejudiced person can attend to this narrative, remarking the blunders made by the young woman's talking about her benevolent feelings when the organ of color was professed to be Mesmerised, and going on in the same strain when she ought to have been only witty, without the strongest suspicion of imposture. The reason I have heard assigned why this view of the matter cannot be a correct one is, that if collusion and deception had been attempted, it is not probable that such a palpable failure would have been allowed.

I am particularly desirous of fixing attention to these facts, and to those that follow, as it is the evidence of such a witness as this young woman, that the author of the well-written letters signed "An Inquirer" thinks sufficiently important to be deserving of careful investigation!

On another occasion, this same sleep-waker's power of detecting disease, by passing her hand *over the clothes* of the affected person, was tested. A young woman, stated in the account to be *phthisical*, was introduced to the Mesmerised sleep-waker, who, among other observations, said, "You are not a very kind person; you are very cross and selfish. You have a pain here, on your left side, and chest." "I know you have a pain there (pointing to the pit of the stomach), for you have given it to me (pointing to the pit of her own stomach). You must not eat anything heavy, for if you do it gives you pain directly. She's got the pain now; this is the worst place, and I've got it so bad. You are a great deal better than you have been. I believe you have been treated right. You'll get better if you eat nothing heavy."

I am bound to apologise to the meeting for detailing this childish nonsense; but such a scene having been really enacted in the theatre of our Philosophical Institution—the lecturer having published proposals for a class to investigate, among other things, "the sleep-waker's power to discover disease and its remedies"—the able writer of the letters on Mesmerism, though disclaiming his conversion to the science, showing at least a strong *penchant* towards it, and declaring his belief in the "*possibility* of some peculiar sensation being experienced by the somnambulist when the hand is passed over a part in which a diseased action is going on," "since it is conformable with many facts which are well know to the medical practitioner"—under all these circumstances, I was unwilling that any of the gentlemen attending this meeting should be ignorant of the grounds upon which I have regarded myself as warranted in bringing this subject before their consideration.*

It is not my wish to have it supposed that all the patrons of animal magnetism would attach any value to such an exhibition as I have described; but I think it quite fair to produce these facts, as samples of the materials those who feel it their *duty* to investigate the "Theory and Practice of Mesmerism" must be prepared to deal with.

An address to you upon this subject compels me to refer to a pamphlet lately published by Dr. Elliotson, entitled "Numerous Cases of Surgical Operations without Pain in the Mesmeric State; with Remarks upon the Opposition of many Members of the Royal Medical and Chirurgical Society, and others, to the reception of the inestimable Blessings of Mesmerism."

I would willingly have passed by this vindication of some of the most extraordinary powers to which Mesmerism pretends, could I have done so with propriety. But Dr. Elliotson has been too industrious, and too able a laborer in our profession, to allow of his opinions being treated with neglect, or without respectful consideration; and when I call to mind the extent of his writings, the influence he possessed, when in a public situation, over the minds of his numerous pupils, and the station he held in public estimation, I cannot but feel how unworthy I am to say a word in disparagement of any course which he, with unquestioned honesty of purpose, thinks fit to take. Yet, when I see a man of his powerful mind, among other extraordinary admissions, declaring "that he had witnessed vision when the eyes were indisputably bandaged, so that the patients, in their ordinary state, could not have discerned the faintest glimmer of light," and reproaching his brethren for not investigating into the truth of these asserted facts, I am compelled to regard his late production as a *moral phenomenon*, alike puzzling one's metaphysics, and perplexing common sense.

As I have before stated, it is not the purpose of this Address to enter into an examination of the claims of Mesmerism to the acceptance which its supporters maintain it is entitled to. I wish to point out the nature of some of its pretensions, and to show that, however curious certain facts connected with the subject may be, it will be unwise for medical men to obey the call made upon them to join in investigating them.

That remarkable conditions of the system may be produced in the constitutions of some individuals, by what is called Mesmerism, I have no wish to deny; that hysterical coma, catalepsy (or a somnambulic state), in some cases, probably, insensibility to pain, and other singular phenomena in the nervous system, may thus be excited, I have no doubt; but that these effects arise from the existence of a peculiar power or agent, existing in one person, capable of being communicated through the will to another, and producing in that second person effects that do not exist in the person transmitting the impressions, I believe to be an utterly unfounded assumption, as well as the power of exciting the phenomena referred to, while the Mesmerised person is not aware of any such intention on the part of the operator, nor in any way prepared to expect that particular results are looked for. The individuals who are susceptible of the influence of this supposed power being so very few when compared with those who resist it, ought, one would think, to go far to prove that no such agent existed, but that the constitution of the patient, who exhibited these phenomena, differed from that of the generality of persons.

In reference to the power of the operator to *attrac* the Mesmerised party towards him, while the latter is unconscious of his being near, or of his desiring to produce such an effect—the *community of sensation*, by which the sensations of the operator, even those of *taste*, are communicated to the patient—the power of detecting diseases by the hand, together with what is fantastically termed phreno-Mesmerism, or the "*higher phenomena*" of animal magnetism—I can but express my entire disbelief in them.

With only the imperfect knowledge we possess of the powers of the imagination, sufficient information has been acquired to render it unnecessary to resort to such a special agent as Mesmeric influence to account for a great proportion of the phenomena we see produced in certain kinds of physical constitutions, by the manipulations and mysterious manner of the magnetiser. There seems, indeed, no known limit that can be placed to the influence of the imagination upon the human mind; and to this, with the physical effects produced upon particular organs by external causes, do I attribute the source of all the Mesmeric phenomena. It has been narrated that a criminal, condemned to be bled to death, was blind-folded, seated in a large wooden vessel, slightly punctured in numerous parts of the body, while warm water was made to trickle over every puncture, by a contrivance for the purpose; that faintness came on, followed by death, though scarcely any blood was lost. Whether the story be truth or fiction, no one can doubt it illustrates what would take place in hundreds of persons if placed in similar circumstances. Pictet, in his German translation of Sir H. Davy's "Researches on the Nitrous Oxide Gas," relates the case of a young lady to whom atmospheric air was purposely given instead of the laughing gas. After taking two or three inspirations she fell into a state of syncope, from which she had never suffered before. Animal magnetism can produce few more remarkable effects —such, at least, as can admit of no dispute—than those which were called into existence in the Bristol Infirmary in the year 1799, and related by Dr. Haygarth, of Bath, in his work on the "*Imagination, as a Cause and Cure of Disorders of the Body.*" Many patients were subjected to the pretended influence of long nails, covered with sealing-wax varnish, pieces of cedar, tobacco pipes, slate pencil, &c., to imitate Perkins' metallic tractors, one of the quackeries of *that* day. Several persons crippled by rheumatism, whose cases had resisted medicines, were speedily cured by this process. Other patients were cured of other disorders. Some described their sufferings as so intense, on having these strange-looking instruments moved in a mysterious manner on their bodies, as to refuse to be again subjected to similar torture. But it would be endless to adduce the influences produced upon the human body through the medium of the imagination; Mesmerism exhibits but a few of them. I much doubt if, in the majority of chronic diseases, faith in the practitioner and in the medicines do not effect more than the medicines themselves; nay, even in some cases counteracting the injurious tendency of unsuitable remedies.

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* Mr. Brookes, lecturer on Mesmerism, who was present as a visitor at the reading of the Address, having remarked to the meeting that the report of his lectures in the newspaper was not accurate, I have since made many inquiries, and have received but one reply—namely, that the report was a very impartial one. Dr. Davis, at my request, has been kind enough carefully to review it, and thus expresses himself:—"I have no hesitation in saying that I believe it to be throughout substantially correct. In a performance which extended to at least two hours and a half, many of the details are but briefly mentioned, but there is no misrepresentation that I can detect."

I am far from supposing that, ordinarily, there is any desire upon the part of the persons—mostly young females—who have been the exhibiters of Mesmeric phenomena, to impose; but with the knowledge we have of the influence of the imagination upon the bodily and mental powers, of the love of the marvellous inherent in some minds, of the morbid fancies which others exhibit, we need not have recourse to such an assumed agent as animal magnetism to account for what we thus observe. But though ready to admit of there being no intentional deception in many of the examples which have come to our knowledge, when I see persons under constant training, going on from one extraordinary state to another, I cannot but consider them as at least very *willing subjects* of the phenomena they exhibit.

And here I must remark, in support of the view I am taking of the undesirableness of medical men joining in the methods now adopted for investigating the facts of Mesmerism, that nothing can be more contrary to English habits, and to our notions of propriety and delicacy, than the bringing forward young females before large assemblies as the subjects of experiments for the amusement of spectators. In the exhibition that took place at the Bristol Institution young women were seated upon a raised platform in the theatre, submitting themselves, apparently with satisfaction and pleasure, to the Mesmeriser's manipulations. What calm judging mind would attach much confidence to evidence procured from persons who could so far overcome natural feelings of reserve and propriety, as thus to volunteer themselves as proofs of the theories the lecturer wished to establish?

Not having been present myself, I appeal to those members of our Association who attended the performances I have spoken of, to testify that I have not too highly colored the description; I have, indeed, omitted some parts of the narrative in the newspapers which I regarded as still more exceptionable.

In the few remarks I have thus hastily put together, and with little arrangement, it will be seen that though I am unable to perceive evidence of a direct emanation of any such agent from the mind of one person to that of another as that to which the term animal magnetism or Mesmerism is applied, I am not disposed to doubt that curious and interesting phenomena have occasionally been produced in individuals of peculiar temperament (though few that do not appear under some or other form of disease), and such as claim attention from medical men; still, when witnessing how much that is marvellous is now being mixed up with this subject—how very dubious the honesty of some of the exhibiters of Mesmerism is—how much its wonders are become a professional speculation to itinerant professors—how difficult it is for an inquirer to practise Mesmeric manipulations without recourse to a degree of acting and deception from which many correct minds would shrink—when I perceive that to buoy up the failing interest of the public in Mesmerism it is now conjoined with phrenology—(a union, I presume, not consented to by those who believe in phrenology, and one which to those who with myself think phrenology has still less foundation than Mesmerism renders both the so-called sciences more absurd)—when I see the description of minds which are most readily induced to believe in Mesmerism (though I admit that some of a higher grade have not withstood its influence)—when I observe the manner in which, to test the truth of the system, young women are trained to public exhibition—I cannot but strongly feel that our profession will best consult its own dignity and the benefit of society by keeping entirely aloof both from the investigations and the *investigators* that have lately been before the public in this, and other cities.

Though the theatrical exhibitions of the effects of Mesmerism are very imposing upon those not accustomed to pay attention to such subjects, and many will be found out of our profession easily convinced of the truth of all they are told respecting it, I cannot but believe that the majority of the sober-minded and judicious portion of society will look to us to stand in the way between them and what is marvellous, fanciful, and delusive in respect to the human system. We have more duties to perform than to attend upon the sick; we must protect the minds of those around us from the ill effects of wild theories and delusive speculations in misnamed sciences. We need not avoid a close and constant investigation into the wonderful phenomena of the human mind and the mysteries of the nervous system; the field is a most ample one, and will present us with ever new and varied results, but let us not be bound by the methods of observation pointed out by the votaries of Mesmerism. Let us be content for awhile to bear the reproaches of the Galileos and Harveys of the Mesmeric school. We are not less anxious than they to discover truth, but we must conduct our search by another road, with other means, and in other company. We must maintain our right of drawing for ourselves a line between objects of rational inquiry, and such as we may regard as too absurd to merit investigation.

The arguments urged to induce our profession to examine into the merits of Mesmerism, as of late brought before the public, and the reproach of being unreasonably sceptical for refusing, might be with equal justice applied to us for refusing to investigate the claims of Morison's pills to the general acceptance they have met with, or the efficacy of the hand of a hanged man in dispersing scrofulous tumors, or the power of the powder of human skulls in the cure of epilepsy.

The utmost we could hope to attain by our Mesmeric researches is, what individuals are susceptible of a high degree of nervous excitement; but such I believe to be the tastes, the habits, the feelings, and the judgment of society in this country, that a man with his mind and his time fully engaged in the important duties of the medical profession, could not employ himself in investigating the powers of young women artificially thrown into an hysteric state, to see with their eyes closed, to foretel future events, and describe distant circumstances, to detect disease by the touch and declare the appropriate remedy, with all the train of Mesmeric performances, without lowering himself (and as I think deservedly) in public estimation. We have lived to see a memorable instance of the consequences of such a course; I am sure it will hereafter, if it do not now, prove a salutary warning to the profession at large.

The writer of the letters signed " An Inquirer" seems to lament over the hard fate of a physician who had tried Mesmerism on his patients, and would be glad to try it more frequently, but feared he was in danger of losing caste, and losing practice by so doing: the example appears to me to be one complimentary to the good sense of the patients and the public, if not to that of the physician.

Animal magnetism seems to have periodical revivals, appearing and disappearing after certain lapses of time. Some years ago it was particularly rife in this city; within the last twelve months it has again visited us. In America it has begun its walk with firm step. A gentleman, lately arrived from Boston, told me that a committee, of which he was one, had been formed in that city to investigate the subject, and that most extraordinary facts were being daily elicited; in one case a young woman, in the Mesmeric trance, was asked, and correctly described, the number of persons at that moment in the bar of a distant hotel, with no ostensible means of knowing the fact but the supernatural powers communicated to her by the Mesmerite.

In England this science has over and over again had its turn of investigation, but we do not make much progress in it; let us now leave the inquiry to the active spirits of our transatlantic brethren, and quietly wait for their matured judgment on the matter; we shall in the end lose nothing in point of knowledge, nothing in point of reputation for the envied and contested distinction of making discoveries, by resigning for a while to other hands researches into the arcana of animal magnetism.

Though I have stated that there is a certain class of persons whose physical temperament renders them peculiarly sensible to Mesmerism (or I should prefer saying to the influence of the imagination in producing a morbid state of the nervous system, evidenced by hysterical coma, catalepsy, &c.), yet I have omitted to remark that it must necessarily be the case that in some examples this violent disturbance of the nervous system must produce injurious effects. If there be those whose systems can be so powerfully and beneficially acted upon by Mesmerism, as for them to be insensible to the pain of drawing a tooth, or even of amputating a limb, it cannot be otherwise than that some must receive proportionate injury by the indiscriminate use of such agency, and this consideration ought to have some weight with the really philanthropic inquirer. That mischief has been done by Mesmerism admits of no doubt; an instance has fallen within my own knowledge where Mesmerising for the cure of epilepsy was obliged to be discontinued from its having converted the fits into insanity. In a late number of the " London Medical Gazette," are some judicious observations by Mr. Southam, of Manchester, upon the "*Injurious Effects of Mesmerism*," detailing a case in which serious fits were the result. For the purpose of confining this Address within the narrowest limits, I have avoided references to works explaining the mysteries of Mesmerism, but I am unwilling to neglect directing attention to some short, but very sensible remarks of Dr. Cowan, of Reading, in the Provincial Medical Journal for May the 20th, referring to a patient of his own whom he Mesmerised; and also to some valuable observations by the same author in the "Medical Gazette" for 1838.

In conclusion, I have only to add it will be gratifying to me to find that, in the sentiments I have advanced, I meet with the accordance of the majority of my professional brethren. That there will be those who differ from me I am prepared to expect; to such I would respectfully suggest the consideration whether they may not find scientific and professional objects more worthy their time and talents than a pursuit of so ambiguous a character as Mesmerism. Even if it be viewed as a remedy for disease, it is admitted that the persons who are susceptible of its influence are so few, that its use must ever be very limited; and it seems to me impossible for a medical man to engage in the practice of animal magnetism without resorting to expedients, and allying himself with persons, not altogether congenial to a refined taste and cultivated mind.

In the careful observation of disease, and the judicious application of remedies of no doubtful propriety, we may find ample employment for all our time and all our energies; and when our duties call upon us for the unavoidable infliction of pain, let us not harass our patient by attempts to ascertain if he be one of those few who may be thrown into such a state of unconsciousness as to be insensible to it, but let u endeavour to strengthen his mind to bear up under his trial, by suggesting to him Christian motives, and a Christian's hopes.

CASE
OF
COLICA PICTONUM.

By S. Wreford, Esq.

May 15, 1843. W. S., aged twenty-eight, of temperate and cleanly habits, by occupation a gilder and decorative house painter, in full employ, works also as a paper stainer, and for several months past has been constantly and laboriously engaged in his avocation. About two months since was attacked with vomiting and diarrhœa, accompanied by great weakness. He had recourse to brandy and rhubarb, and succeeded in getting rid of his symptoms, but has since had almost weekly attacks of diarrhœa, and, on one occasion, swelling of the tongue; still he has been pretty well, and able to attend to business until last evening (15th), when he felt sick, and had griping in his bowels, which were confined. Took castor oil, which acted slightly, but without relief to his symptoms; the motion was dark and constipated.

16. Severe colic pains in the intestines, particularly below the epigastrium, occurring in paroxysms from five to ten minutes apart, with perfect ease between; abdomen retracted; no tenderness on pressure, which, even during the paroxysm, neither increases nor relieves the pain; when the pain comes on, throws himself upon his belly, "because the warmth is good;" can lie equally well upon the back, or either side; moves freely, and keeps the lower extremities extended or flexed indifferently; says he has had lead colic twice before, and knows he has lead colic now; has constant nausea, but vomits only at intervals of from half an hour to an hour and a half; the egesta sometimes bitter, but at other times unaltered either in appearance or taste; countenance good, and not expressive of distress or pain, excepting during the paroxysm; tongue perfectly clean and healthy. At the edge of the gum, attached to three or four of the lower incisor teeth, there is a distinct violet tinge, like a line of indigo drawn upon the part. There is slight headache, with pains about the legs and arms occasionally, as he used to have in colic; pulse, skin, urine, and respiration, natural.

Sedative liquor of opium, fifteen minims;
Sulphate of magnesia, two drachms;
Compound colocynth pill, fifteen grains. Every fourth hour.

Warm water enema, and warm fomentations.

17. Passed a restless night; bowels six or eight times acted on; stools said to be dark and offensive, but the pain and vomiting not at all relieved; the pulse is slightly accelerated, and the tongue a little white at its base; there has also been, once or twice, some pain experienced in micturition, but there is no other change perceptible, excepting that I do not see him throw himself upon his belly during the paroxysm quite as often as yesterday. Sedative liquor of opium, twenty-five minims, in an effervescing draught, was given every fourth hour.

Olive oil, eight ounces;
Tincture of opium, one drachm;
Water, half a pint. Make an enema.

Continue the fomentations.

In the evening there was increase of pain on pressure during the paroxysm, but none whatever in the interval; no other change.

18, Morn. Had been very restless during the night; vomiting frequent; straining deep and urgent; pain continued, but much aggravated in the paroxysms; tenderness on pressure at three points—viz., a little below and to the right of the epigastrium, and in the right and left iliac regions, but most severe in the last; no stool; the enema given last evening has not returned; the matters vomited are green, and vomiting sometimes takes place when nothing has been swallowed; still occasional pain in micturition; urine red, and somewhat scanty; tongue white, but moist; respiration free; pulse accelerated; countenance more anxious.

Infusion of senna, six ounces;
Carbonate of potash, four scruples;
Tincture of hyoscyamus, two drachms;
Essence of camphor, half a drachm. Three tablespoonfuls every four hours, with one dessertspoonful of lemon juice.

Dilute hydrocyanic acid, sixteen minims;
Juice of belladonna (Bentley), forty minims;
Juice of poppy (Bentley), one drachm;
Water, six drachms. A teaspoonful to be taken every second hour, should the vomiting persist.

Noon. No alteration. The senna mixture, having produced pain and flatulence, was discontinued.

Sulphate of magnesia, one ounce;
Infusion of senna, five ounces;
Essence of camphor, half a drachm;
Sedative liquor of opium, half a drachm. Two tablespoonfuls every fourth hour.

Enema of castor oil and hot water in equal parts.

Evening. Countenance very anxious; lies on his back, with the knees bent up towards the abdomen, which is exquisitely tender on pressure, so that he can scarcely bear the weight of the bed-clothes; throws about his arms, but does not move his body; respiration quick; pulse rapid, small, and jerking; pain of bowels incessant and severe, but aggravated in paroxysms; chief pain and tenderness in the left iliac region; urine scanty and red; once or twice has had fits of excruciating pain in the testicles; tongue white, but moist; thirst at times urgent, but not generally; vomiting urgent, and exquisitely painful; ejecta small in quantity, and of a dark brown; the abdomen, though not enlarged, has a tense, resisting feel; intellect momentarily aberrant. Venesection to faintness; twenty-four leeches to the left iliac region, followed by warm poultices and turpentine fomentations over abdomen. Repeat the acid mixture, should the vomiting be urgent; muriate of morphia every second hour. Blood buffed, but not cupped; bowels acted after the bleeding, but nothing returned save the oil of the two preceding injections, perfectly transparent, and apparently undiminished in quantity.

19, Morn. Night restless, with occasional delirium; lies indifferently on his back or either side, and with his lower extremities flexed or extended; countenance still anxious; little or no pain since the bleeding, but has frequent fits of restlessness and faintness, as it were, during which his breathing is panting, his countenance haggard, and his eye wild. He rises suddenly in the bed, or rolls himself from side to side, tosses about his arms, flings off the bed-clothes at one moment, and gathers them again and tucks them closely round him at the next. Pulse rapid, but soft; tongue white and furred; vomiting not less frequent, but less straining, and not painful; ejecta brown, but upon one occasion grey, gruel-like, and offensive; smell of the room offensive; urine more in quantity, and paler; abdomen not enlarged, though tense; bears pressure well; no tenderness at any point but the three previously mentioned, and even there but very little.

Croton oil, four drops;
Castor oil, eight ounces;
Hot water, eight ounces. Make an enema, to be immediately used.

Rhubarb poultice to the abdomen.

Noon. Injection returned; no stool; matters vomited occasionally offensive in smell; seems a little rallied, but no other change.

Soap, two ounces;
Hot water, half a pint. Make a solution, and strain. Add of castor oil and turpentine, of each four ounces. To form an enema.

This injection was retained about twenty minutes, when it came away, and with it a small quantity of liquid fæces, with one or two more consistent pellets of pale yellow stercoraceous matter. Expressed himself much relieved, and thought the obstruction had now given way.

Evening. No change; met Dr. Blackall, but on attempting to show him the violet line upon the gums, found it had altogether disappeared. Dr. B. wished the injections to be discontinued for the present.

Blue pill, half a drachm;
Opium, one grain and a half. Make six pills, one to be taken every second hour.

Embrocation of laudanum and water, in equal parts, to be kept constantly applied to the epigastrium; cold water as a beverage. Plan to be continued for about twelve hours; rhubarb poultice to be reapplied. This evening, for the first time, I observed that his hands were cold.

20, Morn. Called to him at three in the morning. Had been restless and delirious, with few intervals of consciousness, throwing himself about the bed all night; face sharp and cadaverous; eyes heavy, dim, and sunken; extremities and even the lower part of the abdomen of a deathly coldness, and covered with clammy perspiration; there was incessant restlessness, like that of one dying from hæmorrhage; respiration now quick, now suspirious, one while with a choking sensation in the throat, another with a sharp shrill cough, much like hysteria; then he would become calmer, but still throwing about his arms, muttering and picking at the bed-clothes; smell of the room stercoraceous and offensively oppressive, and when the patient rose in bed there came from him a smell more powerful and oppressive still; it was the reek of dissolution; matters vomited now evidently stercoraceous; tongue the color of his pills, but moist; pulse miserable; urine free and natural. When roused and questioned, says he has no pain, but feels that life is ebbing fast, and in another moment flits off again into delirium. Brandy and water; the hydrocyanic acid, now combined with æther, to allay vomiting; friction assiduous and long continued with the flannel glove, the application of warmth, &c., produced after some hours a partial rally. He asked for warm tea, which was drunk with much relish, but immediately vomited; he then asked for wine and a biscuit, which were retained for near two hours, and when I saw him again at nine o'clock he told me he was better, for, said he, "I have no *sickness* now; the moment I have vomited I could drink a bottle of porter and eat a pound of mutton chops, and if I could only stop this vomiting and have the use of my bowels I should be quite well." At this time he was clearly sensible, but quite as clearly dying.

It could be attended with no practical advantage to follow the patient through his many fluctuations during this and the succeeding day, at ten o'clock on the evening of which he expired without a struggle or a sigh. Suffice it to say that there were fluctuations —that there were times when his intellect became clear, his hopes revived, his muscular strength renewed itself, and on more than one occasion the extremities became warm and bathed in perspiration, even his countenance improved; but the vomiting did not stop, the bowels did not act, the pulse continued miserable, and the death smell never left him. Let me add that, although convinced after the morning of the 20th that no earthly aid could be availing, at the urgent entreaty of the patient and his friends, I continued to try various means for acting on the bowels; among others the croton oil, of which he took three doses of one drop in each. The first produced no sensible effect, the second very little, and the third provoked excessive vomiting in spite of the anodynes with which it was combined.

Again, I introduced the tube of a stomach pump about ten inches up the rectum; the introduction was, of course, managed cautiously; it required not the slightest force, nor did it cause the slightest pain; at that depth, however, he said the instrument had reached and was passing the point at which he felt the pain before; water only was injected, and returned as fast as it was thrown up, but during the time of injection the patient kept exclaiming that the sensations it produced were quite delightful, the warmth was so comfortable; it relieved, it comforted him, more than anything which had been done; but I observed his face become more haggard and his hand more cold, and instantly withdrew the instrument. The only other means employed was the exhibition of yeast in bottled porter. It at first seemed to allay the vomiting, but was eventually rejected, as was everything else.

I have said that he expired about ten o'clock on the evening of the 21st of May. Having obtained permission from his friends, at four o'clock in the afternoon of the 22nd I proceeded to the

Post-mortem Examination, Eighteen Hours after Death.

Body not emaciated; abdomen still warm, somewhat discolored and full, but by no means excessively swollen.

Thorax.—No effusion or adhesion; pulmonary pleura of a dark slate color generally, with here and there a little patch of natural red; lungs without tubercles, or other visible disease, but somewhat dark when cut into, as though from slight congestion; pericardium and heart healthy, though the latter was rather large and its muscular tissue somewhat dark; the right cavity contained two coagula—one, fatty looking, drawn from the vena cava—the other, grumous, running towards the pulmonary artery.

Abdomen.—In incising the linea alba, the transverse arch of the colon (which at the epigastrium was distended and pressed into close contact with the parietes of the abdomen) was accidentally wounded, and a quantity of gas and probably a pint or more of grey, gruel-like, and most offensive stercoraceous matter escaped into the cavity. It accumulated, however, in the hollow of the left hypochondrium, from whence it was immediately removed by sponging, and did not penetrate beyond.

Omentum healthy, though with no great quantity of fat.

The stomach, the whole of the small intestines, and the colon, to the termination of its transverse arch, distended, but from the latter point to the rectum the colon was empty, collapsed, and irregularly contracted, showing one or two pouches, as it were, of dilatation at which the intestine would have measured three inches across, although its general width did not exceed one throughout the part in question.

There was no adhesion of the intestines to each other, nor any stricture, volvulus, nor intersusception; no effusion of coagulable lymph, nor, so far as could be judged of under the circumstances, of pus or any other fluid into the abdomen.

The peritoneum, generally healthy, but perhaps more grey than usual, was found injected (or rather ecchymosed, for there was no appearance of increased vascularity) at three points—1st, at the commencement of the mesocolon; 2nd, at the point where the duodenum passes the transverse mesocolon; and at the sigmoid flexure. In all three cases the effusion had taken place at the *base* of the mesocolon, near the spine, and on stretching the membrane before the light it was evident that it occupied the cellular tissue between the two reflected folds of the peritoneum. At one point only—namely, at the sigmoid flexure, did the ecchymosis reach through the whole width of the membrane up to the intestine. In the other two it was confined almost exclusively to the base, the membrane being still diaphanous between the ecchymosed part and the intestine. There was no apparent alteration of structure or consistence in the membrane. The appendices epiploicæ were of a greyish black, but otherwise unaltered. The liver of its natural size and healthy, though a little dark when cut into, but the whole of its peritoneal covering (with the exception of about a hand's breadth, which retained its usual reddish brown hue, on the convex surface of its right lobe) was of a dark *wet* slate color, this hue being darker even on the concave than upon the convex face of it.

Gall-bladder greyish black; contained some bile, but no concretions. It was not opened, but when the duct was divided nothing escaped.

The intestines being now removed, it appeared that the stomach contained some ounces of a grey, gruel-like, and most offensive stercoraceous matter (like what had escaped from the colon). Its mucous coat presented one or two patches of dingy red arborisation, particularly near the pylorus, but no softening, thickening, or other change of structure, and no visible exudation.

At one point in the duodenum there was a patch of dotted injection, as though blood had been finely sprinkled on it with a brush. Edges of the valvulæ conniventes universally of a dingy red, giving the intestine a striated appearance. No exudation or other apparent change.

The jejunum and ilium contained a large quantity of stercoraceous matter, exactly similar to that found in the stomach; but at the termination of the ilium there were a few soft pellets of pale yellow fæces. Edges of valvulæ conniventes generally of a dingy red, as in the duodenum; but here, too, as there, the intervening mucous coat was pale, and no other trace of disease perceptible.

The cœcum, neither externally nor internally, showed any trace of injection or discoloration; it was pale throughout. But the appendix vermiformis, although small as usual at its origin and in its neck, was evidently much enlarged, flattened, and pyriform, or rather triangular at its termination, blackened, and with very little pressure crushed into a pulp beneath the fingers.

On introducing scissors to split the part open, the blade came out at the apex, covered only with a thin cribriform membrane, resembling nothing but a shred of sloughy cellular tissue. So far as the black tint extended the texture was soft, and crushed into a putrescent pulp beneath the finger; the rest, so far as I could judge, seemed healthy, though the neck, before it was split open, felt like an elastic cord, and the texture was, therefore, probably thickened. I can say nothing of the smell of this part, for the room was become horribly offensive, but I conceive that it was clearly sphacelated.

There was a patch of dingy red arborisation, without softening or exudation, near the caput coli; and it will be recollected that at this point too was found an ecchymosis of the mesocolon. From this point to the termination of its transverse arch, the bowel offered nothing to remark, save that it contained much gas and fluid, or pultaceous fæces. From this point downwards I have said it was contracted, but the contraction was not violent or sudden. It could have opposed no obstacle, I think, to the transmission of such fluid fæces. At the sigmoid flexure, where, it will be remembered, we also found ecchymosis of the mesocolon, was another larger patch of the same dingy red, but still without elevation of the surface or exudation, or any other perceptible change.

The bladder was not examined. We have seen that to the last it acted powerfully and well; indeed, it was so much contracted behind its peritoneal covering, as to form scarcely more than a broad and short mamillary projection into the pelvis.

The spleen, like the liver, was externally of a wet slate color, brighter, however, than that viscus, and of a more vivid tint, as though a thin wash of Cobalt blue had been passed over it. It was not cut into.

Kidneys a little dark, perhaps, when cut into, but healthy.

The quantity of fluid fæces contained in the intestinal canal was, probably, not less than three quarts; the smell almost intolerable.

Ottery St. Mary.

CASE
OF
AMPUTATION OF THE LOWER JAW.

By William Hey, Jun., Esq.,
Surgeon to the Leeds Infirmary, &c.

Mary Marshall, aged thirty-five, unmarried, was admitted into the Leeds Infirmary, February 5, 1840, on account of an enlargement of the lower jaw on the right side. The tumor was about the size of a large walnut, extending from the second bicuspid tooth to near the angle of the jaw. It occupied the space between the gum and the cheek, pushing out the cheek, but did not encroach upon the cavity of the mouth. It appeared to consist of a cyst developed in the substance of the bone, by which the external table of the jaw was expanded and rendered thin, so that upon examination it yielded under the finger with a sort of crepitation like parchment. The soft parts were not affected. On making a puncture between the gum and the cheek, with a view of ascertaining the nature of its contents, a yellowish serous fluid flowed out. I determined, in the first instance, to try the effect of a seton, which was passed through it from within outwards, the external opening being at the lower edge of the jaw, and in the most depending part of the tumor. The effects which I hoped for from this proceeding were—first, that the cyst, being kept empty, its parietes would collapse; and secondly, that the presence of the seton would so far change the action of the membrane lining the cyst, as to put an end to the secretion. It was retained for about six weeks, during which time the tumor was considerably reduced in size, and the discharge diminished in quantity, and it was then withdrawn. After it was withdrawn the external opening closed, and the tumor became larger again; but it did not increase beyond its original size, as the internal wound remained open. It was then my wish to lay open the cyst to its full extent, and either remove it, or to adopt some means for destroying or changing the action of the secreting surface; but she declined undergoing any further operation at that time, and after a while discontinued her attendance at the infirmary.

On the 16th of August, 1842, she again presented herself at the infirmary, in the following condition:—Since I last saw her she has been under the care of a quack, who has applied caustic to the tumor externally; the consequence of this is an opening in the cheek, about the size of a shilling. The integuments adhere closely to the edges of it, and it communicates with the interior of the bone. There is a very copious discharge from it of a yellowish serous fluid, similar to that which the tumor contained when it was first punctured. The tumor now occupies the whole of the horizontal branch of the lower jaw, to within about half an inch from the symphisis, the ascending ramus, coronoid process, and condyle. The inner table is also expanded, as well as the outer, so that the tumor encroaches upon the cavity of the mouth, and descends to a level with the lower part of the larynx.

It was evident that nothing short of the removal of the entire diseased bone would be of any service to her, and she consented to the operation, which was performed on the 29th of August.

In order to avoid the danger of syncope during the operation, the patient being in a very reduced state of health, she was placed in the recumbent position. The opening in the cheek was a source of some embarrassment, but it was decided, in consultation, to proceed without any regard to it, and, therefore, it was not included in the line of the incision. The incision commenced at the point where the lower lip becomes attached to the jaw (in the mesial line), and was carried in a direction nearly perpendicularly downwards to the point of the chin, and thence along the lower edge of the jaw, with a semicircular sweep at its angle, up to the condyle. The whole of this incision, however, was not made at once. In order to spare some effusion of blood, in consideration of the weak state of the patient, I only carried the incision in the first instance so far as to enable me to cut through the bone. This was done by notching it with a saw in the line of the first incisor tooth of that side, which had been previously extracted, and then completing the division with the cutting forceps. I then carried on the incision to the condyle, and completed the separation of the tumor from the soft parts. On laying hold of the bone, and depressing it, to facilitate the disarticulation, the shell of the ascending ramus was so attenuated that it gave way, and became completely separated from the condyle and coronoid process, which were dissected out afterwards. The flap was then laid down, being supported by dry lint introduced into the cavity which had been previously occupied by the tumor, and secured in its position by the interrupted suture. No twisted suture was required, the free part of the lip not having been cut through. A good deal of blood was lost during the operation, at the conclusion of which the patient was so much exhausted that it was a considerable time before it was thought prudent to remove her from the operation-room to her ward; but after reaction was established she had no unfavorable symptoms. In one week the wound was united throughout its whole extent, excepting one small portion, which had been purposely left open, to allow of the escape of any discharge that might occur. She left the infirmary on the 28th of September, at which time the hole in the cheek, which had been made by the caustic, was nearly closed. The wound made in the operation had been quite healed for some time previously.

March 29, 1843. She came to show herself to me at the infirmary. She has no symptoms of any return of the disease; the hole in the cheek is contracted to little more than a point, and there is very little deformity.

ACUTE RHEUMATISM COMPLICATED WITH INFLAMMATION OF THE HEART.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Should the subjoined case possess sufficient interest to recommend itself to a place in your valuable columns, I shall feel happy in having placed it at your disposal.

I am, Gentlemen,
Your obedient servant,
Charles Anderton.

Leigh, near Manchester,
July 10, 1843.

Aug. 24, 1842. Mr. G. R., aged twenty-three, of a full and plethoric habit of body, of a sanguine temperament, whose father has for many years been the subject of rheumatism; by occupation a joiner. Was seized on the present occasion, after a day of laborious exertion, which caused him to perspire profusely, with general rigors, succeeded by heat, thirst, and other symptoms of pyrexia. Tongue covered with a thick, white, and tenacious coating; urine scanty and high colored; pulse full, strong, and 76; soreness of the throat; bowels rather constipated. He was bled to sixteen ounces; pill composed of three grains of calomel, with a saline purgative mixture, were given.

25. Found him relieved in his febrile symptoms, but complaining of acute pains in the shoulder and knee of the right side; bowels unmoved; pulse softer and slower, 70. Ordered an anodyne fomentation to the affected joints and a purgative powder.

26. Bowels had been but scantily moved; pulse increased in strength and fulness; tongue cleaning round the edges; pains had slightly extended to the left arm and ankle; the joints on the opposite side full, tense, and exquisitely painful. To continue fomentation, and add wine of colchicum, half an ounce, and tincture of hyosciamus, two drachms, to mixture, with pills of calomel and opium.

30. Found him this morning suffering severely from great difficulty in breathing, with pain in the left side, inability to lie down, and an intermitting pulse; the sounds of the heart upon auscultation were loud and tumultuous, similar to the sound caused by the meeting of two opposite currents of air; there was likewise to be distinguished at intervals the "new leather sound;" the little sleep he obtained was in the erect position, but which was interrupted by frightful dreams, such as falling down precipices, or, as he expressed himself, "as falling down a coal-pit;" his aspect had the appearance of one suddenly seized with fearful surprise; face pale and elongated, with eyes exsanguined and staring, of a glassy brightness; urine high colored; the pains in the joints somewhat relieved since the pain in the side appeared. Directed to have mustard cataplasms applied to the affected joints; venesection to sixteen ounces, and sixteen leeches to be applied to the side; ordered an active purgative of infusion of senna and sulphate of magnesia, with pills of calomel and opium, to be given every three hours, and a drachm of tincture of digitalis to be added to the mixture.

Vespere: Had experienced considerable relief from the above remedies, but still continued to have pain in the side and inability to lie down; pulse intermitting, but with longer intervals of regular action; sounds of the heart not so noisy; the crackling and rubbing kind of sensation more distinct; bowels had been copiously relieved. Directed a blister to be applied over the front part of the chest, and to continue the medicine.

31. Found him better as regarded his articular pains, but still suffering from the pain in the side and inability to resume the recumbent posture; bowels open, but complaining of intense suffering at the neck of the bladder, with difficult micturition, probably arising from the endermic action of the blister. I rather hailed this as a favorable circumstance, flattering myself that it might, by derivative influence, be found to operate favorably on the cardiac affection. I ordered him, for the relief of his vesical symptoms, to be immediately placed in a warm bath, and gave him a few pills of camphor and extract of hyosciamus, with linseed tea to take at intervals.

Vespere: Found him better in all respects; had been enabled for the first time to lie down, but only on the back; the pulse still intermitted about once every twelve or fourteen pulsations; the hurricane (if I may so express myself) of the heart's action had in a great measure subsided; the crackling or friction sound, although still present, was less distinct; he yet complained of pain in the side, but in a more subdued degree, his breathing continuing still interrupted; his mouth had become slightly sore; he urinated more freely, but still scantily; his aspect bore a more subdued character; bowels open. I now ordered him to have the potassio-tartrate of antimony ointment freely rubbed in a space of four inches square over the region of the heart, and prescribed the following mixture:—

Hydriodate of potass, one drachm;
Tincture of digitalis, one drachm;
Wine of colchicum, three drachms;
Camphor mixture, seven ounces and a half. Two tablespoonfuls three times a-day.

The strong mercurial ointment to be rubbed in.

Sept. 2. Progressing very favorably; was now enabled to lie down on the right side, but not on the left; breathing more free; pain in the side diminished since he commenced the last mixture; indeed, so remarkable was the change, that he requested I would not attempt to make any alteration in the mixture; mouth sore; urinates freely; bowels open; pulse 70, soft, and regular; tongue clean and moist; beef tea and a more generous diet allowed. Repeat the remedies.

16. Has had no untoward symptom since the last report; pain in side gone; can lie on either side, and is able to walk about his room. Discontinue medicines, and give decoction of cinchona with good diet.

18. Was sent for hastily, he having been seized again with the pain in the side and palpitation; he attributes it to a change in his medicines. Directed the hydriodate of potass mixture to be repeated, and a purgative given.

20. Much better since he commenced taking the hydriodate of potass.

22. Continues improving in every respect.

Jan. 18, 1843. Is now quite recovered.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JULY 15, 1843.

In our last Number we commenced a few inquiries into the subject of medical charities, and alluded more especially to a class of institutions fast gaining ground amongst us, ostensibly devoted to the treatment of particular maladies, but the practical application of which produces a far less charitable result. Our attention has since been directed by the report of its anniversary dinner to one of another species of medical charities designed to give relief to a certain class of patients without reference to specific forms of disease; its intention being to afford assistance to those whom disease and its attendant vicissitudes have rendered objects well meriting the aid of the philanthropist. We are aware that institutions of this class have been greatly objected to by some members of the profession, as serving to benefit the few at the expense of the many, nor have we, in expressing our own opinion, lost sight of the grounds on which such opposition is based. So long, however, as establishments of this kind are conducted with a proper motive and guarded from abuse, it would be injustice to deny their value, or to withhold from them our approval and support. So long as their only object is to lighten the load of human misery in a class of sufferers whom the kindred afflictions of sickness and poverty have cast down from the position in society which they once occupied, we conceive that they well deserve the kindly feeling of all who boast the possession of true charity.

The institution to which we refer has received the name of Sanatorium, and regarding it as the type of the class of medical establishments to which it appertains, we cannot refrain from expressing a hope that the excellent object for which it has been designed may ensure for it sufficient support to enable it to extend its sphere of usefulness. The same views which led us to oppose the formation of medical institutions for the treatment of particular diseases would also induce us to object to this and all such establishments in which the patients admitted are required to be attended by the medical officers attached to them, as in such case they would become obnoxious to the same charges applying to medical charities of the former class; and it has been with much satisfaction that our own professional engagements have lately enabled us to ascertain that the arrangements of the institution we have alluded to are such that the patients who may receive its benefits retain the same medical attendants under whose care they had been placed prior to their admission, and the appointment of consulting officers have been made more with a view of bestowing upon it a completely medical character than with the expectation of their services being required.

We are glad to see that the anniversary meeting of the friends of this institution has practically demonstrated the readiness of the public to lend their aid in increasing its means of affording assistance to the class of persons for whose benefit it is designed. Opposition must almost necessarily occur to all establishments of this kind; for the illiberal spirit that can see in the imaginary loss of a miserable remuneration to a few medical practitioners, an apparent objection to their formation, may also deny their usefulness; and cold-hearted indifference to the combined miseries of sickness and adversity may seek its defence in the expression of vulgar and ill-judged prejudice. The refutation of such charges is no part of the duty of the advocates of such institutions; a far more gratifying task is before them, and we heartily wish them success in its fulfilment.

The report of the judges has recently been made to the House of Lords, in answer to the several questions proposed to them relative to the legal application of the plea of insanity in criminal cases; and as this is, perhaps, one of the most difficult as well as unsatisfactory points upon which professional evidence is required in courts of law, it was hoped that the result of the inquiry would be the construction of more direct and certain rules for the guidance of medical witnesses than at present exist. How far such expectation has been fulfilled we shall hereafter endeavour to determine. The questions and the answers returned to them are the following:—

Question 1.—What is the law respecting alleged crimes committed by persons afflicted with insane delusion, in respect of one or more particular subjects—as, for instance, when, at the time of the commission of the alleged crime, the accused knew he was acting contrary to law, but did the act complained of with the view, under the influence of some insane delusion, of redressing or avenging some supposed grievance or injury, or of producing some supposed public benefit.

Answer.—The opinion of the judges was that, notwithstanding the party committed a wrong act while laboring under the idea that he was redressing a supposed grievance or injury, or under the impression of obtaining some public or private benefit, he was liable to punishment.

Q. 2.—What are the proper questions to be submitted to the jury when a person, alleged to be afflicted with insane delusion respecting one or more particular subjects or persons, is charged with the commission of a crime—murder, for example—and insanity is set up as a defence?

A.—The jury ought in all cases to be told that every man should be considered of sane mind until the contrary were clearly proved in evidence. That before a plea of insanity should be allowed, undoubted evidence ought to be adduced that the accused was of diseased mind, and that at the time he committed the act he was not conscious of right or wrong. This opinion related to every case in which a party was charged with an illegal act, and a plea of insanity was set up. Every person was supposed to know what the law was, and, therefore, nothing could justify a wrong act unless it was clearly proved that the party did not know right from wrong. If that was not satisfactorily proved, the accused was liable to punishment; and it was the duty of the judges so to tell the jury when summing up the evidence, accompanied by those remarks and observations which the nature and peculiarities of each case might suggest and require.

Q. 3.—In what terms ought the question to be left to the jury as to the prisoner's state of mind at the time the act was committed?

This question was not answered.

Q. 4.—If a person, under an insane delusion as to existing facts, commit an offence in consequence thereof, is he thereby excused?

A.—If the delusion were only partial, the party accused was equally liable with a person of sane mind; if the accused killed another in self-defence, he would be entitled to an acquittal; but if the crime were committed for any supposed injury, he would then be liable to the punishment awarded by the laws to his crime.

Q. 5.—Can a medical man, conversant with the disease of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial and the examination of all the witnesses, be asked his opinion as to the state of the prisoner's mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious at the time of doing the act that he was acting contrary to law, or whether he was laboring under any and what delusion at the time?

A.—The question could not be put in the precise form stated above, for by doing so it would be assumed that the facts had been proved. When the facts were proved and admitted, then the question—as one of science—would be generally put to a witness under the circumstances stated in the interrogatory.

Such at present is the opinion of the chief members of the legal profession on the subject of insanity, when urged as the defence of criminal acts—such the laws by which the question of personal responsibility is to be determined. It would be far from an unprofitable inquiry to ascertain the results which the application of these views to former judicial investigations would produce. Many previous decisions, and some of those of modern date, would be found altogether at variance with them. This, however, is not our present purpose, and we shall content ourselves by conducting a few inquiries into those portions of the report which more especially apply to medical evidence, as regards the existence or non-existence of insanity. Our space, however, obliges us to defer doing so until the publication of our next.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 27, 1843.

THE PRESIDENT in the Chair.

On the Influence of Rickets upon the Growth of the Skull. By ALEXANDER SHAW, Esq., Surgeon to the Middlesex Hospital.

This paper was the sequel of one by the same author, printed in the seventeenth volume of the Society's Transactions. The object of the former publication was, in the first place, to prove that, besides causing softening and distortion of the osseous system, rickets has the effect of arresting the process of growth; and, secondly, to show that, owing to this interruption, the proportions of the figure peculiar to the adult are not perfectly attained by persons affected with the disease, but continue to be more or less those of the child. The figure of the child is characterised by the head, trunk, and upper extremities, being of large dimensions compared with the pelvis and lower extremities, while that of the adult has the former parts relatively small, and the pelvis and legs large and powerful. In persons deformed from rickets, the whole figure is stunted; but the head, trunk, and upper extremities together, when compared with the natural adult dimensions, are only defective to a slight degree (one-thirteenth), while the pelvis and lower extremities are defective to a great degree (one-third). This difference the author accounted for by supposing that, as the disease stops the growth, it interrupts at the same time the change then in progress of being produced in the relative proportions of the figure, and so causes the patient, when arrived at adolescence, to exhibit traces of the configuration of the child. Having referred to the importance of this view in relation to the size of the pelvis in child-bearing women deformed from rickets, and stated that, by measuring numerous specimens, he had ascertained that the defect of growth in this part amounts, on an average, to nearly a quarter of the natural size, he proceeded to apply the same principle to the explanation of a peculiarity in the form of the head which he had observed as a general character in ricketty persons. This peculiarity consists in a disproportion between the size of the cranium and of the face. Between infancy and adolescence, a change in the relative proportions, analogous to that which occurs in the figure generally, takes place in the skull. Near birth, its form is characterised by the cranium being of large bulk compared with the face; while at adolescence the contrast is greatly diminished, owing to the face having become much bulkier in comparison with the cranium than it had originally been. The author had remarked, and confirmed his observations by numerous measurements, that the skull in ricketty persons does not attain the proper adult proportions; but, on the contrary, the cranium appears remarkably large compared with the face, just as during childhood. Thus, taking the dimensions of the face as the limit of comparison, he found that in the skull of the infant the size of the cranium is as 8 to 1; in the adult as 6 to 1; and in the ricketty person (although beneath the standard size) as 7 to 1. He explained this disproportion by supposing that, as rickets arrests the growth, it interrupts, at the same time, the change occurring in the relative proportions of the skull between infancy and adolescence, and thus gives rise to the child-like character of the proportions. The proposition was illustrated by showing the contrary effects which an increased activity of the growth produces. In the figure generally, when the growth has been preternaturally active, as in tall persons, the effect of the unequal rate of development in the two divisions of the frame is shown by the lower extremities acquiring an undue length compared with the trunk; so, in the head, the face becomes disproportionately larger compared with the cranium; thus, by measuring the skull of the giant preserved in the museum of the College of Surgeons, the author found that the dimensions of the cranium (although above the standard size) are, to those of the face, only in the proportion of 5 to 1 in this skull. Having next shown that the orbits always preserve an uniform size, whatever be the dimensions of the face, in skulls of different proportions, and accounted for this fact by referring to the anatomical relation of the frontal and maxillary sinuses to these cavities, and showing that the two sinuses vary in capacity according to the rate of growth, he passed to the consideration of the growth of the maxillary bones. After dwelling on the difference in the mode of formation of the teeth as compared with the jaw bones, and the importance of an exact relation being preserved between the development of both parts, and referring to the observation of Hunter regarding the different rates of growth in the anterior and posterior divisions of the maxillary bones, he concluded by showing that, as rickets has the effect of interrupting the growth of the jaw bones, it deranges also the process of evolution of the teeth.

Statistics of Bethlem Hospital, with Remarks on Insanity. By John Webster, M.D.

In this paper the author brought before the society a few statistical tables compiled from the registers of Bethlem Hospital, accompanied by a synopsis of seventy dissections recently performed at that institution.

According to these tables, it appears that 4,404 curable patients of both sexes were admitted during the last twenty years, of whom 1,782 were males, and 2,622 were females—thus giving 47 per cent. more women than men. During the same period, 1,446 female patients were discharged cured—that is, 55⅐ per cent. on the admissions; whilst only 823 male patients left the hospital convalescent, or 46⅕ per cent. On the other hand, the number of deaths in both sexes, although exactly equal, or 112 of each, yet, calculated according to their respective admissions, the rate among the male patients was 6¼ per cent., and only 4¼ per cent. among the females. Similar results were likewise found to prevail among the incurable lunatics of both sexes. The author, therefore, concludes that insanity is not only more common among women than men, but also a more curable disease; so that, *cæteris paribus*, the prognosis may be considered as more favorable in female than male patients. The diminished rate of mortality, and the greater proportion of recoveries, are also clearly shown by the records of the institution; since it appears that during the three years ending the 21st Dec., 1752, the proportion of patients discharged cured was only 31¼ per cent. on the total admissions; whilst, for the three years ending Dec. 31, 1842, the cures amounted to nearly 55 per cent. The ratio of deaths, also, during the former period was as high as 25½ per cent. —but only 5⅜ during the last named three years—that is, about one-fifth the amount reported nearly a century ago.

The author next remarks on the diminished number of suicides in the insane patients admitted into Bethlem, observing, at the same time, its greater frequency among males than females.

A synopsis is next given of seventy dissections recently made by Mr. Lawrence, in which the various morbid appearances met with are carefully detailed.

The author concludes his paper with an allusion to the two sections of pathologists at present dividing the opinions of medical writers respecting the diseased alterations of structure met with in cases of insanity —viz., the "anatomists and vitalists," the former considering them as causes, the latter only as consequences, of the previous mental affection. In his opinion the theory of the anatomists is the more rational, and most in accordance with the present state of our knowledge of the pathology of mania.

Pathological Researches into the Local Causes of Deafness, based on one Hundred and Twenty Dissections of the Human Ear. By Joseph Toynbee, F.R.S., Surgeon to the St. George's and St. James's Dispensary.

The researches of which this is a summary view, are in continuation of a previous paper contained in the twenty-fourth volume of the Society's Transactions. The principal practical conclusion to which they lead is, that the most prevalent cause of deafness is chronic inflammation of the mucous membrane which lines the tympanitic cavity, and that by far the greater majority of cases commonly called nervous deafness ought more properly to be attributed to this cause.

The pathological conditions to which inflammation of the mucous membrane gives rise are divided in the paper into three stages.

In the first stage the membrane retains its natural delicacy of structure, though its blood-vessels are considerably enlarged and contorted; blood is effused into its substance, or more frequently at its attached surface; blood has also been found between the membrane and the membrane of the fenestra rotunda, and in very acute cases lymph is effused over its free surface.

The second stage is characterised by the following pathological conditions:—

1st. The membrane is very thick, and often flocculent. In this state the tympanitic plexus of nerves becomes concealed, the base and crura of the stapes are frequently entirely imbedded in it, while the fenestra rotunda appears only like a superficial depression in the swollen membrane.

2nd. Concretions of various kinds are visible on the surface of the thickened membrane. In some cases these have the consistence of cheese, and are analogous to tuberculous matter; in others they are fibro-calcareous, and exceedingly hard.

3rd. But by far the most frequent and peculiar characteristic of this second stage of the disease is, the formation of membranous bands between various parts of the tympanitic cavity. These bands are at times so numerous as to occupy nearly the entire cavity; sometimes they connect the inner surface of the membrana tympani to the internal wall of the tympanum, to the stapes and to the incus. They have also been detected between the malleus and the promontory, as well as between the incus, the walls of the tympanum, and the sheath of the tensor tympani muscle, as well as between various parts of the circumference of the fenestra rotunda. But the place where these adhesions are most frequently visible is between the crura of the stapes and the adjoining walls of the tympanitic cavity; this was the case in twenty-four instances out of a hundred and twenty dissections, being a fifth of the number. These bands of adhesion sometimes contain blood and scrofulous matter.

In the third stage of inflammation of the membrane it becomes ulcerated; the membrana tympani is destroyed, and the tensor tympani muscle is atrophied. The ossicula auditus are diseased, and ultimately discharged from the ear, and the disease not unfrequently communicates itself to the tympanic walls, affecting also the brain and other important organs.

The following is a tabular view of the mucous membrane of the tympanic cavity in the 120 dissections related in this paper:—

In the first stage of inflammation.

1.	With simple inflammation of the membrane, its vessels being enlarged, tortuous, and distended with blood	10
2.	Ditto, with an accumulation of mucus	1
3.	Membrane inflamed, with effusion of blood into its substance	3
4.	Membrane inflamed, with effusion of serum, tinged with blood, into the tympanic cavity	1
5.	Membrane inflamed, with lymph effused into the tympanic cavity	2
6.	Membrane inflamed, with blood and lymph effused into the tympanic cavity	2
7.	Membrane inflamed, with effusion of pus into the tympanic cavity	1

Dissections illustrative of the second stage of inflammation.

1.	With simple thickening of the lining membrane	5
2.	The membrane thick and pulpy	2
3.	Ditto ditto, and the cavity full of bands of adhesion	1
4.	The membrane thick and flocculent	1
5.	Membranous bands connecting the membrana tympani to the inner wall of the tympanum	5
6.	Membranous band connecting the membrana tympani to the promontory and the chorda tympani to the stapes	1
7.	Membranous bands connecting the membrana tympani to the incus	1
8.	Ditto ditto, to the stapes	2
9.	Ditto, connecting the membrana tympani and chorda tympani nerve to the stapes	1
10.	Ditto, connecting the membrana tympani and malleus to the promontory	1
11.	Ditto, connecting the membrana tympani to the incus	2
12.	Ditto, connecting the membrana tympani and assecles to the inner wall of the tympanum	1
13.	Ditto, connecting the malleus to the inner wall of the tympanum	2
14.	Ditto, connecting the incus to the inner wall of the tympanum	1
15.	Ditto, connecting the stapes to the promontory	24
16.	Anchylosis of the stapes to the fenestra ovalis	2
17.	Membranous bands, forming a net-work over the fenestra rotunda	2
18.	A broad membrane passing from the promontory to the mastoid cells	2
19.	The cavity of the tympanum full of bands of adhesions	1
20.	Membranous bands containing scrofulous matter	3
21.	The cavity of the tympanum full of calcareous concretion	4
22.	Ditto, full of caseous concretion	2
23.	With ridges of bone projecting from the surface of the promontory	2

Dissections illustrative of the third stage of inflammation.

1.	With ulceration and thickening of the mucous membrane, attended by the formation of pus	3
2.	With ulceration of the membrane, and loss of one or more of the ossicula	3

It thus appears that of the 120 dissections, there were—

20 Specimens in the first stage of inflammation of the tympanic cavity,
65 Ditto in the second stage,
6 Ditto in the third,
29 Ditto in a healthy state.

120

BATH AND BRISTOL
UNITED BRANCH
OF THE
PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As no notice has been taken in your Journal of the annual meeting of this branch of the Association, which took place on the 29th of last month, in Bristol, I am inclined to think that no report has been sent to you of what passed on that occasion. About two o'clock, Dr. Fox, the chairman for the year, opened the business of the day by reading a very excellent address on the state and prospects of the profession generally. There were about a hundred members present, amongst whom were the leading practitioners, of all grades, of Bath, Bristol, and the surrounding districts. After the ordinary business of the Association was gone through, four *long* papers were read in succession, and it is for the purpose of drawing the attention of the profession to this mode of occupying the time of meetings of this kind that I am induced to address you on the present occasion, as, in my opinion, the custom, should it obtain universally, would frustrate, in a great measure, one of the principal and best objects of the Association—that of establishing an *esprit de corps* in the profession, by bringing its members together occasionally in social intercourse, and giving them an opportunity of becoming personally acquainted with one another, and of reviving old and making new acquaintances and friendships. It is in this way that the society has acquired so much moral strength and influence; but if the time of the meetings is to be consumed as it was at Bristol, that strength cannot increase, whilst, perhaps, it may decline. The reading of the papers took up THREE HOURS. It was then six o'clock, and at a quarter past six we sat down to dinner, about fifty in number. It was quite a city feast, worthy of the olden time in Bristol, and three hours and a half were consumed in eating and toast-drinking, every toast preceded and followed by a speech.

It would be unjust not to say that the president acquitted himself to the satisfaction of the company, and with taste and tact not to be surpassed. His speeches introducing the toasts were all good, short, pithy, and appropriate, and, indeed the same may be said of all the speeches made on the occasion, but the error was that there were too many of them, and that too much time was devoted to the table, which could have been better spent in the drawing room, in the cultivation of personal acquaintance, and in agreeable conversations upon old times, at school, at college, or in travel, and on the intervening vicissitudes and ups and downs of professional life. Friendly intercourse of this kind generates a fraternal feeling, and makes us honester to each other, whilst it at the same time advances in honor and dignity our useful profession, and elevates us as a body and individually in the social scale.

The reading of papers at our occasional meetings of this kind adds nothing to the knowledge of the profession that cannot be better and more usefully communicated through our Journal, in which every article worth publishing is sure to get a place, with the thanks of the whole profession to the authors for the communication. The paper that is not worth printing is not worthy of the attention of such a body of medical men as that which assembled at Bristol, and if worthy of such attention, the Journal is the best and most lasting medium of putting it upon record, that the profession at large may have the benefit of it. The papers read at Bristol were able productions, and, so far as I could judge under the circumstances, those read by the physicians abounded in practical matter and sound inductions, and I sincerely hope that the authors will send them to your Journal for publication. There was a paper read upon Mesmerism by a surgeon, chiefly with the view of cautioning the members against turning their attention to that "humbug;" and when an itinerant Mesmeriser, who was admitted into the room by the courtesy of the president, stood up to vindicate "the science," the discussion was smothered by a simultaneous cry from all parts of the room that it was quite unworthy of the notice of the Association, and fit only for a mechanics' institution. It is not with the papers, but with the mode and opportunity taken of bringing them under the notice of the profession, that I find fault; and if authors would take a hint, I would suggest to such of them as are now, or may hereafter, become pregnant of such works intended to be brought forth on similar occasions, that however agreeable it may be to themselves to read aloud their own productions, it is a grievous infliction upon others to be kept, through politeness, for several consecutive hours to hear them. I felt for the president on the occasion; Dr. Barlow could not stand it, and went out after the reading of the second paper. Several others followed his example.

In the course of some remarks elicited by one of the papers, not worthy of being called a discussion, Dr. Pritchard mentioned a case of transfusion, which came under his notice, and, so far as I can recollect, the remedy was used by his own directions. The patient was a gentleman, quite emaciated, and in a dying state from anæmia, without any detectable organic lesion, but of some standing. In the Doctor's opinion the patient had not two days to live, yet, upon receiving into his circulation a pound of blood by the operation of transfusion, he rallied, and began to recover strength, and soon regained health. Such a case as this, on such an authority, is full of importance, and it is to be hoped that Dr. Pritchard will not delay to lay the particulars fully before the profession through the medium of the Journal.

I am, Gentlemen,

Your obedient Servant,

M.D.

Bath, July 9, 1843.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

SOUTHERN DISTRICT BRANCH.

The annual meeting of the Southern District Branch of the Provincial Medical and Surgical Association was held at Ryde, Isle of Wight, on Thursday, June 29: R. Bloxam, Esq., of Newport, president.

A most able address was delivered by Dr. Bell Salter, of Ryde, retrospective of the progress of medicine and surgery during the past year. The address was unanimously requested to be published, and circulated amongst the members, who, by purchase, should contribute to its publication. It was resolved that Reading should be the place of meeting for the next year, and that Dr. Smith should be requested to preside.

Great efforts were made, greatly aided by the advocacy of Mr. Newnham, in behalf of the benevolent fund.

A resolution was passed expressive of the accordance of the meeting in the views of, and thanks for, the exertions of the committee of the association for watching the Poor-law Medical Relief Bill, at the same time regretting the late *expedients* of the guardians of *many* districts to evade the *intentions* of the commissioners, of increasing the payments of the medical officers, under emergencies and surgical operations, by deducting an average from their original salaries—thus defeating the objects of the committee of the association, as well as of the poor-law commissioners.

Communications on several subjects of professional interest occupied the meeting. The members dined together at the Pier Hotel.

POOR-LAW MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—There are several questions, in connection with the order of the poor-law commissioners for the payment of fees for surgical operations, which it seems desirable to submit to the consideration of that portion of the medical profession whom it concerns, that the general expression of their opinions may prevent disputes that may otherwise be liable to arise.

1. A pauper fractures an arm at a distance from home, and is first attended by the surgeon in whose district the accident happened; he is sent home the same day, and the after treatment, of course, devolves upon the surgeon of the district in which he resides. Who is to receive the fee in this case, or should it be divided?

2. Before performing an amputation, or other capital operation, the surgeon is required to obtain, at "his own cost," a certificate from a member of the Royal College of Surgeons, or otherwise qualified person, as to the necessity of the proposed operation. Will surgeons give their advice gratuitously to their professional brethren, or will they expect a fee?—and, if so, to what amount? They may sometimes have to ride many miles to consult on the case.

3. Are surgeons entitled to a fee in cases of miscarriage or abortion, which frequently take up as much of their time as labor cases, from flooding, or other causes?

I should feel greatly obliged by your giving the above a place in your excellent and widely circulated Journal, and I trust that it will have the effect of eliciting the general feeling of the profession on the above questions.

I am, Gentlemen,
Your very obedient servant,
CHARLES HALLETT, M.R.C.S.L., L.A.C., &c.,
A Union Medical Officer.

Axminster, July 8, 1843.

DIAGNOSIS OF OBSTRUCTION IN THE TRACHEA BY FOREIGN BODIES.

In some observations appended to the case, read by Sir B. Brodie, at a late meeting of the Medico-Chirurgical Society, he remarked that the difference of symptoms indicating the presence of a foreign body in the air-passages would depend upon the size and figure of the body in question. If large, it would become impacted in the trachea, and the respiration would be obstructed; if small, it would probably descend into the right bronchus or one of its divisions, and the breathing would be less obstructed. If it were light, or not irregular in shape, it might ascend to the glottis in coughing, and produce suffocation; if heavy, it would not ascend during coughing, and there would be less fear of bad results. It had been thought that in the present case the coin had passed into the right bronchus, because, in some experiments on dead bodies, it was found that a sixpence or a half-sovereign usually fell into this passage when introduced into the trachea. There was little inconvenience experienced by the patient when he was in the upright position, but he (Sir B. Brodie) believed that, had the coin been allowed to remain, disease of the lungs, leading to a fatal result, would have followed. The failure of the stethoscope to afford any diagnostic assistance probably arose from the small space occupied by the coin, but even in more favorable circumstances it had been proved that we could not depend on this instrument. Mr. Hodgson, of Birmingham, had related a case to him in which a little boy, six years of age, had got a berry of the bladder senna, as large as a pea, into the trachea; no sound whatever could be detected by the stethoscope. In seven days he died; the berry was found impacted in the trachea. Mr. B. Phillips had informed him of another case in which a little girl, two years old, had died from the presence of a piece of the claw of a lobster in the trachea, on a line with the margin of the sternum, and in this case there were no stethoscopic signs of its presence whatever. The opening in the trachea in Mr. Brunel's case had fully answered one of the purposes for which it had been made, for none of the spasms or convulsions had followed the inversion of the body subsequently to the opening being made. The proceeding failed in the other object contemplated; but it must be remarked that the introduction of forceps into the trachea was always very difficult, for not only might the instrument slide over the surface of the compass by its sides, but there was a fear of grasping the bifurcation of the trachea, recollecting that the parts were out of sight and at some distance from the surface. Every attempt to introduce the forceps was accompanied by great spasm and irritation, and, contrary to what might have been expected from the experiments of Magendie, this irritation was produced whether the forceps were passed up towards the larynx or downwards towards the bronchus. The forceps were accordingly abandoned for these reasons, and the fear of injuring some of the most important parts situated in that neighbourhood.

MORBID STATE OF THE FUNCTION OF THE SKIN IN INSANITY.

The function of the skin is frequently badly performed in insanity. The peculiar smell which some madmen have I have often heard spoken of by those who have had much experience in these cases, and I always attributed it to the uncleanliness of the patient, but since my attention has been more particularly drawn to it, I think that the peculiar odor is due to the disease; when it exists, however, it is a very unfavorable sign; the only thing I can compare it to is the smell of a person just prior to dissolution. Baths of all descriptions have very properly been recommended to ensure the due performance of this important function. In the hospital we employ hot and cold baths, the hip bath, the shower bath, pediluvia, and the douche. The tepid bath is of great service in subduing irritability and excitement. It is sometimes necessary that the patient should remain in for an hour and a half, or two hours. Ice or cold lotions to the head should be applied at the same time; it may be necessary to repeat it every day, sometimes twice daily, till some effect is produced.—*Dr. Sutherland.*

RETROSPECT OF THE MEDICAL SCIENCES.

OBLITERATION OF AN ARTERIAL TRUNK AFTER THE APPLICATION OF A LIGATURE.

If we examine an artery which has been tied, forty-eight hours after the operation, we find it surrounded for a considerable distance above and below the ligature by a deposition of pretty firm lymph, which presses upon and adheres to the coats of the vessel, completely imbedding the ligature, which is deeply sunk between the ends of the artery. At this period the adhesions of the lymph to the arterial parietes, though distinct, are comparatively slight. When examined ninety-six hours after ligature, the effused lymph, though diminished in bulk, has become much firmer, and is, as it were, concentrated round the vessel; and when the external portion is dissected off, we see distinct filamentous bands passing from one end of the vessel to the other around its entire circumference. If examined at the ninth day after the operation—that is, when the ligature is separating, we find that the thread is enveloped in a tubular sheath of lymph, that the deposit round the vessel itself is now very dense and firm, and, if the ligature be partially separated, we find that the effusion of lymph has kept pace with its separation, and united the ends of the vessel at the point whence the ligature has separated, immediately behind the thread. On the thirteenth day—that is, when the ligature has fairly come away, the lymph has assumed the appearance of a firm connecting medium uniting the divided ends of the vessel, not unlike the exuberant callus in a fracture; at the twenty-eighth day in some, but later in other cases, it has become much absorbed, so that the vessel has now the appearance of a firm impervious cord at that part where the effused lymph formerly existed.

From a consideration of these facts, I am induced to believe that the lymph effused around the artery is of great importance in assisting the internal changes in the process of obliteration. First, and most obviously, by uniting the divided ends of the vessel, and thus supporting the adhesion of the internal coats at the period of separation of the ligature, for, at that period, a sort of double action seems to go on, the ligature ulcerating its way out, whilst, at the same time, the reparative process of effusion of lymph keeps pace with the ulceration—a process, in fact, analogous to the old operation for fistula, with the gradually tightened wire, the reparative process literally following step by step in the track of the ulceration. There is also another very important, though at first sight less obvious effect which the effused lymph will produce from its very first deposition—viz., by its pressure it will diminish the calibre of the vessel, and thereby lessen the impulse of the blood in the neighbourhood of the ligature.—*Mr. Spence in Lond. and Edinb. Monthly Journ.*

SCIRRHOUS DISEASE OF THE CERVIX UTERI.

Scirrhous degeneration of the cervix uteri is an affection constantly occurring in the course of practice. This disease sometimes gives rise, at an early period of its progress, to severe pains and sufferings in the uterine region; to great local irritation of the bladder and neighbouring parts; and to the supervention of marked sympathetic and constitutional phenomena. In other numerous instances, however, it marches onwards to an advanced stage without occasioning almost one single symptom in the way of local pains, discharges, or otherwise, calculated to rouse the attention of the patient to the impending work of destruction that is, with slow but fatal steps, going on within her. I have repeatedly seen cases of the kind where the disease was under assiduous treatment for simple leucorrhœa, or menorrhagia, merely because no examination had been instituted in order to learn upon what local states the leucorrhœa or menorrhagia depended. In other cases, the intensity of the sympathetic or secondary symptoms may be such as to conceal and disguise entirely the primary disease. In an instance of fatal carcinoma uteri that occurred lately in this city, the symptoms complained of during the life-time of the patient were entirely referred to the urinary and not to the uterine organs. I have known the mammæ most actively treated by leeching, &c., for the sympathetic pains present in them, while the state of the uterus itself (the primary cause of the pains) was altogether held out of view, until at last, when attention was ultimately called to it, its whole cervix was found utterly destroyed by cancerous ulceration.

While we thus not unfrequently find the most malignant organic diseases of the uterus more or less latent or masked in their symptoms, we have, on the other hand, sometimes the most severe local and constitutional symptoms of uterine disease developed in instances of slight and remediable organic affections of the part, as in cases of simple ulcerative and granular inflammation of the cervix; and these symptoms may be all present in their most aggravated forms for months, and even for years, where the local examination and final result show us that there is certainly no organic disease whatever, as in cases of "irritable uterus," or hysteralgia. Indeed, in some females we have all these symptoms strongly but temporarily excited at every recurrence of the catamenial discharge, in connection merely with that congestion and increased vital activity of the organ which accompanies its natural menstrual secretion.—*Prof. Simpson.*

TREATMENT OF INTERMITTENT FEVER BY NARCOTINE.

Dr. O'Shaughnessy, in a paper read before the Medical Society of Calcutta, speaks very highly of the value of narcotine as a remedy in the treatment of ague. From his observations it appears that very large doses of the alkaloid may be given in such cases without producing any marked physiological effect beyond general perspiration and some increased fulness of the pulse, slight giddiness occurring in a few instances; the medium dose he has employed has been five grains, repeated every second or third hour, but in the form of an hydrochlorate he has carried the remedy as far as scruple doses three times a-day. Narcotine given in substance—as in form of pill or powder—does not produce any remedial action as a febrifuge or tonic—a fact which may be attributed to its complete insolubility. It is, therefore, advisable that it should be administered either in form of an hydrochlorate or in combination with mineral acid, by which its solution is ensured; in actual practice the latter is perhaps the most desirable method, as the liability for the hydrochlorate of narcotine to attract moisture from the air in damp weather renders it a less convenient form. The two following cases illustrative of its action have been selected from a a considerable number, in all of which the complete success of this remedy was demonstrated:—

Case I.—*Quotidian Ague of Nine Months' Duration.*—Shaik Buxoo, aged thirty, a tall, emaciated Mahomedan, an inhabitant of Dacca, by occupation a boatman, was admitted on the morning of the 5th of August, suffering under daily attacks of ague for upwards of nine months; he had, besides, lancinating pain in the thighs and legs, and giddiness of the head. On the day of admission he had no febrifuge medicine, and suffered two attacks of ague, one at three in the afternoon, and another at eight, p.m. The first lasted about an hour, and the second the whole night, and was distinctly marked by the three stages. From the afternoon of the 6th of August he began to take the muriate of narcotine in five grain pills every hour, and, on that day and the following, he got twenty-four doses of it. He did not suffer any paroxysm of ague on either of these days for the first time for seven months.

From the 8th the quantity of narcotine taken was gradually reduced. He remained free from fever until the 10th, when his bowels became disordered, cholera being then prevalent, and the purging was followed by a slight attack of ague. The paroxysm returned also the next day, and was more severe than the one preceding. The dose of narcotine was then increased to five grains every second hour from the 10th, and continued to be given till the 22nd, when it was omitted. During this interval he did not experience any paroxysm of fever, and his general health was remarkably improved. On the 22nd, the day when the narcotine was designedly discontinued in order to try if the ague would return, the patient suffered a slight, though well marked attack. The next day, some enlargement and pain in the splenic region were observed, for which leeches were ordered. The narcotine was resumed on the same day; but, in consequence of its having been given in solution, the intensity of the bitterness made him reject the doses that were given to him, *and he had a slight attack of fever.* From the 24th the medicine was ordered to be given, formed into pills, and to be followed by acidulated drinks. From the 24th up to this date (15th September) he continues free from fever, and has no pain in the legs and thighs. He had narcotine in small doses (up to the 30th August) to prevent any relapse. The application of a few leeches removed the pain and enlargement of the left hypochondrium.

During the first six days that he used the narcotine he had gentle perspiration all over the body.

October 24. He was dismissed, perfectly cured, on the 10th of September.

Case II.—*Case of Quartan Ague, Failure of Quinine, cured by Narcotine.*—The Sirdar-bearer of Mr. P., residing at Garden Reach, aged forty, has suffered from a quartan fever during the whole of the past month; the attacks are very regular, coming on every fourth day at half past one, p.m., with cold sweating, which lasts for an hour, succeeded by hot and sweating stage as usual. The following two days he feels quite well. His own house is on his master's premises, and is very low and damp, surrounded on three sides by slimy ditches and pools, covered with green vegetation. Had fever at the usual hour this day (Oct. 5), and is now (five, p.m.) perspiring; head appears confused, and he states that he had taken some opium in the morning, to render him less sensible during the paroxysm. He has had quinine given to him some weeks ago by his master, but this did not cure the fever.

Oct. 6. No fever; bowels costive; has had no motion for several days. Compound jalap powder, four scruples.

7. No fever; had two stools from jalap.

8. Took ten grains of narcotine powder at one, p.m.. when the shivering fit had set in, and a second dose at half past one, p.m. The powder was put on his tongue, and washed down with a draught of lime juice and water. No effect whatever was produced; the paroxysm went through its usual course.

9. No fever; bowels confined since the 6th. To take castor oil directly.

10. No fever; one stool yesterday.

11. Took ten grains of narcotine in solution with nitric acid three times—viz., at half past seven, and half past two, and at half past eleven, a.m. Each dose caused a burning, and rather unpleasant sensation at the stomach, and a feeling of intoxication as after taking opium; his paroxysm came on at the usual hour, and was severe.

12. One ounce of castor oil in the morning; five grains of narcotine, in solution with sulphuric acid, three times during the afternoon.

13. No fever; no stool from the oil, none for four days. Ordered four doses of narcotine as yesterday.

14. Commenced taking the narcotine at half past six, a.m., in five grain doses every hour, in solution with sulphuric acid; took ten doses. Had no fever.

15. Compound jalap powder, four scruples; three doses of narcotine. No fever.

16. Three doses of narcotine. No fever; no stool.

17. Took six doses of narcotine before the fever period.

Had no paroxysm, and has continued perfectly well till this date (the 28th), although he continues to live in the same locality. The weather has been exceedingly bad—wind easterly; agues are now common. He took no narcotine since the 17th.

EXCISION OF THE OLECRANON PROCESS FOR ANCHYLOSIS OF THE ELBOW-JOINT.

Dr. Buck relates the following case in the "American Journal:"—

John M'Cormick, an ostler, of robust constitution, born in Ireland, aged twenty-eight years, was admitted into the New York Hospital, September 27, 1842, with anchylosis of the right elbow-joint, from an injury received more than a year before in falling through a trap-door with great force upon the elbow. Owing to the swelling that succeeded, the nature of the injury was rendered obscure. Extensive inflammation soon followed, involving the limb above and below the joint, and going on to suppuration. At the expiration of thirteen weeks, when he was able to go about, the joint was stiff as at the time of his admission, when the limb was flexed in a position intermediate between a right angle and complete extension. No swelling or appearance of inflammation remained, and the general contour of the joint was natural, with the exception of the olecranon, which was expanded and uneven upon its surface with a bony prominence on either margin at an inch from its extremity. The head of the radius rotated with a creaking, cartilaginous sound when the hand was pronated and supinated, which could be performed nearly to the natural degree. No flexion or extension could be effected, or if any did exist, it was so slight as to be doubtful to several who examined it. The immediate investments of the olecranon were thickened, though the skin covering it remained supple and free from adhesion. The scars of incisions made for the relief of the inflammation following the injury were apparent over the outer condyle and olecranon; one of them, situated over the latter part, an inch from its extremity, remained open till within six weeks of his admission, and was then scabbed over without any depression or adhesion. Pressure on the olecranon caused pain. The limb was wasted, and being of little service to the patient, he was anxious to have something done for his benefit.

During the first two weeks after his admission, attempts were made to restore the mobilty of the joint by mechanical force. For this purpose an apparatus was used consisting of a half cylinder to receive the arm, and another the forearm and hand, joined at the ends by a hinge on each edge, and open behind over the elbow. The limb being secured with proper straps and pads, the motion was regulated by means of a screw, acting in the manner of the screw in Amesbury's machine for the leg. In this way great force could be applied to produce both extension and flexion. The patient complained of a good deal of pain at each application of the machine, and though the angle of the elbow seemed to be altered while in the machine, yet, on taking it out, no change was observable. After the last application, when the force employed exceeded that of any preceding application, a slight degree of motion was perceptible for a few days, but the violence done to the parts caused severe pain and tenderness around the olecranon, that required leeching and poultices for their relief.

After careful consideration of the case, I was led to regard the impediment to motion in the joint, as confined to the olecranon process, and dependent on adhesion of its articular surface to that of the os humeri by means of bony matter or otherwise. This process was the only part that presented any deviation from the healthy state; it was expanded, uneven, and tender, and the two bony prominences on its surface, already noticed, seemed rather to confirm a suspicion that had been entertained by one of the medical gentlemen that saw him after the injury, that the olecranon had been fractured without being separated. The inflammation consequent on the injury had also been concentrated about this part, and the bone itself had evidently participated in it. The head of the radius continuing moveable, rendered it probable that the anterior portion of the joint with which it communicates remained free of adhesions. With these views, it appeared to me that if this process were removed, it would be easy to overcome any remaining impediment by moderate force, and, perhaps, eventually restore the mobility of the joint, or, at any rate, improve the position of the limb, so as to render it much more useful than in its present condition.

Operation.—The patient lying on his left side, with his back towards the operator, a tourniquet was applied over the insertion of the deltoid muscle, and the limb held with its posterior surface nearly in a horizontal position. A longitudinal incision, five inches in length, was made over the middle of the olecranon, extending three inches above and two below it, penetrating to the bone; the triceps tendon was then divided at its insertion towards either edge, care being taken to avoid cutting across the aponeurosis, which is continuous from the edges of the tendon over the muscles lying on the posterior part of the forearm, and inserted into the edges of the olecranon; these insertions of the fascia, as well as the origins of the muscles beneath it, were dissected up from the bone to the extent of nearly two inches, which allowed the olecranon to be exposed, when the edges of the incision were drawn asunder over the condyles. Broad curved spatulæ were used for this purpose, and, with the amputating saw, one-half the thickness of the bone was cut through with great facility; further progress was made in the section with the Hey's saw, after which the separation was easily completed with a chisel and mallet. A deep-seated bony projection remaining towards the inner condyle was also separated with the chisel. In detaching the excised process, it was evident that adhesions were broken up, and, on inspecting the articular surfaces, they were found deprived of their smooth bony shell as well as of their cartilages, and presented rough uneven prominences and depressions of the spongy texture, corresponding to each other, and of a deep red color. The fragment removed was nearly an inch and a half in length, and presented no appearance that confirmed the suspicion of former fracture. No pus or synovial fluid was observed. With a moderate degree of force the elbow was now bent to less than a right angle, and the hand brought to the mouth, causing, however, severe pain, of which the patient had not complained during the previous steps of the operation.

No ligature was required. Four sutures were introduced so as to leave an opening in the middle of the wound for the discharge of the fluids, and between them short strips of adhesive plaster were applied, extending only half round the limb. A compress and loose bandage completed the dressing; after which the limb was placed on a hair pillow, flexed at a little less than a right angle.

At the expiration of three weeks, patient walked about the ward with his arm in a sling, the wound being healed with the exception of an opening in the middle, from which a slight discharge continued. Efforts to re-establish the mobility of the joint were persevered in for three weeks longer, when, owing to the severe pain attending every attempt at motion, they were relinquished.

When discharged, December 19th, the wound had been healed for some time, the swelling had disappeared, and the soft parts had in a great degree resumed their former suppleness; the depression left in the place of the olecranon was filling up with solid matter. Pronation and supination have not been impaired, but continued as before the operation. Patient could bring his hand to his mouth, and appeared well satisfied with the result, being persuaded that his limb would be much more useful than in its former condition. Five weeks after his discharge, reported himself. The arm was gradually gaining strength, the parts involved in the operation remained sound, and the depression over the olecranon was nearly obliterated by the deposition of new solid matter.

STOMATITIS ULCEROSA.

Under this name Dr. Stöber describes an ulceration of the inner surfaces of the cheeks and the edge of the tongue, which is deep and uneven, and has edges which bleed easily, and a dirty greyish-yellow bottom. It attacks only one side of the mouth, is oblong, and exactly corresponds with the dental arch, so that when the mouth is shut the ulcerated parts touch the teeth. The teeth are covered with tartar; the breath is fœtid, and the glands on the affected side of the neck are swollen. The author believes incrustation or caries of the teeth to be the cause of the disease.—*Med. Gaz.*

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. Cullen, M.D.

June, 1843.

Mean of External Thermometer at 9, a.m., 29 days	58·36
" " at 9, p.m., 30 days....	
Maxima, 29 days	63·70
Minima, 30 days	47·65
Mean daily Range	29·16
Extreme Highest on the 25th	74·25
" Lowest on the 21st	40·
" Range	34·25
Mean Dew Point at 9, a.m.	53·07
" " at 9, p.m.	46·05
Mean of Barometer at 9, a.m.	29·840
" " at 9, p.m.	29·848
Extreme Highest on the 23rd	30·220
" Lowest on the 8th	29·211
" Range	1·009
Number of Days Fine	17
" " on which any Rain fell	13
Quantity of Rain in Inches	4·566

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
3	4	1	7	6	—	—	9

DIAGNOSIS OF PARAPLEGIA.

When paraplegia originates in disease of the spinal cord itself, retention of urine or irritability of the bladder often announces the approach of the disease long before the loss of power in the limbs becomes evident; whereas, in all those cases in which the paralysis creeps from the extremities along the nerves towards the spinal marrow, the bladder in affected only at a late period of the disease.—*Dr. Graves' System of Clinical Medicine.*

VOYAGE UP THE MEDITERRANEAN IN THE TREATMENT OF PHTHISIS.

Statistical facts show that pulmonary complaints are more fatal amongst our troops serving at home than in the Mediterranean; and all the circumstances, independent of climate, so far as I am acquainted with them, affecting the question appear to be in favor of the troops serving at home, especially the cavalry, I am not only not able to adopt the opinion referred to, that the climate of the Mediterranean is more productive of diseases of the chest than our own climate, but am obliged to fall back on the old and hitherto generally received opinion of an opposite nature.—*Dr. Davy.*

OXALIC ACID.

M. Orfila states that "the urine of dogs, subjected to the action of oxalic acid diluted with water, ordinarily deposits insoluble oxalate of lime, which is not the case with that of the same animals in a healthy state, unless they have eaten sorrel."

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, July 7, 1843.

S. B. Denton, L. M. Goddard, T. Hunter, J. Fixott, G. Hammond, R. Culling, W. H. Hire, W. Atkin, E. C. Gibson, J. P. Symes, J. F. Grace, J. Robertson.

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Received a communication from *Mr. Conway Edwards*, Bath Easton.

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS, TO DR. HENNIS GREEN, 58, MARGARET STREET, CAVENDISH SQUARE, LONDON. LETTERS CONNECTED WITH THE PROVINCAL ASSOCIATION, TO DR. STREETEN, WORCESTER.

Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by Henry Renshaw, at his residence, No. 356, Strand.—Saturday, July 15, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 147.] LONDON, SATURDAY, JULY 22, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES
ON
VENEREAL AFFECTIONS
DELIVERED
AT THE HOPITAL DU MIDI, PARIS.

By Dr. PHILIP RICORD.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE IX.

May 23, 1843.

Gonorrhœa in females—Peculiarities presented by—Gonorrhœa of the vulva—Follicular gonorrhœa—Opinions of Haller, Robert, and Moulinié—Symptoms—Seat of the disease—Urethral gonorrhœa—Symptoms—Gonorrhœal vaginitis—Seat of the disease—Three varieties—Uterine catarrh—Symptoms—Diagnosis—Employment of the speculum uteri.

GENTLEMEN,—Before we enter upon the history of gonorrhœal ophthalmia, I think it is an indispensable complement of the description of blenorrhagia to allude to the peculiarities presented by this disease when it occurs in women.

The vulva, urethra, vagina, and uterus, may be either simultaneously or separately affected.

Let me premise that *communicated* gonorrhœa is far more frequent in the male than in the female subject, perhaps in the proportion of four to one. Young persons are more easily infected than full-grown women, and that, during the performance of the catamenial function, females are, in a great measure, protected against contagion.

Premonitory signs are generally absent, and even the first symptoms of the incipient stage may escape our notice, on account of the great abundance of natural secretions in those parts.

Gonorrhœa of the Vulva.

De Graaf considered the follicles of this region as the special seat of gonorrhœa; and, within the last few years, M. Robert has directed public attention towards follicular inflammation of the external organs.

Haller, long since, accurately described these follicles, two of them in particular, placed between the labia interna and the carunculæ, presenting long sinuses, and may be exclusively the seat of inflammation. M. Moulinié, of Bordeaux, attaches still greater importance to them, regarding these two follicles as the specific organs of virulent infection, thus assimilating them, if I may be allowed the comparison, to the poisonous vesiculæ of the fangs of the viper.

While speaking on this subject I may add, that, from the obliteration of their sinuses, these two follicles become the seat of steatomatous cysts, which are far from uncommon at the entrance of the sexual organs of the female.

In the incipient stage a vague pruritus, occasionally inducing venereal desire, a limited degree of tumefaction, and a slight redness, are observable in the diseased parts. They become painful to the touch, and the natural secretions are increased in quantity, at the same time acquiring a characteristic fœtor.

The entrance of the vagina is thus implicated in almost all cases of gonorrhœa. The urethra may, however, in some few instances be the *exclusive* seat of the disease.

Urethral Gonorrhœa.

The inflammation of the urethra is as frequent as it has been said to be rare. It may be further asserted, that if the word "gonorrhœa" be destined to convey the notion of a discharge *arising from coitus* alone, urethritis will be found in *three-fourths* of the patients examined.

Symptoms.—The symptoms are analogous to those of urethritis in the male. Pain in passing water less intense, however, than in the other sex; dysuria, vesical tenesmus, incontinence of urine, may all be observed in the female subject. In order to recognise the presence of the urethral inflammation, and to ascertain the presence of its muco-purulent secretion, a certain interval should be allowed to elapse after micturition, to give sufficient time for the gonorrhœal discharge to be again secreted. The parts being previously carefully dried, the index finger, introduced per vaginam, should be made to press softly upwards, compressing the urethra, the hand being at the same time withdrawn, and thus bringing out the discharge at the meatus.

Vaginitis.

Of all the forms of gonorrhœa in the female, this is certainly the most frequent. Nothing can be more uncommon than to find urethritis existing without a concomitant inflammation of the vagina.

This disease may be unattended with pain; mostly, however, it causes a sensation of uneasiness and pain in defecation. The inflammation of the mucous membrane frequently causes contraction of the constrictor vaginæ, which may altogether occlude the cavity, and prevent the escape of the muco-purulent secretion, thereby inducing a superficial observer to form an incorrect opinion of the nature of the case, by not discovering the secretion—an error which the introduction of the finger will instantaneously dispel. Heat and inconvenient pruritus show themselves in various degrees, according to the violence of the symptoms.

Vaginitis may occupy nearly the surface of the vaginal mucous membrane; or it may be confined to its follicles; or, again, invade the submucous cellular tissue in the shape of phlegmonous inflammation.

In the first instance the membrane is red, tomentous, without any visible follicular enlargement.

In the second variety the vagina assumes a remarkable granular aspect, to which I have given the name of "prorély trie."

It is very common to find the inflammation limited to the os uteri, and the adjoining reflection of the vagina around it, in which case it closely resembles the inflamed glans and prepuce in balano-posthitis.

In the third form the mucous membrane loses its mobility and its natural softness; it appears thickened, and much redder than usual; infiltration clearly exists under it, and, if permitted to progress, may even produce diffused or circumscribed suppuration.

It is not on the anterior, but on the posterior folds of the under garment, that the characteristic stains of the linen should be sought for. The color of the discharge is much the same as in the gonorrhœa of men. It contains animalculi (of the order Trichomonas), analogous in form to spermatozoa, but differing from them in the presence of three tentaculi placed at the upper extremity of the disc. They can live only in the vagina, and cannot, therefore, as it has been asserted, become the instruments of transmission of the disease.

Uterine Catarrh.

The inflammation may extend to the lining membrane of the womb; indeed, Daran is of opinion that no uterine catarrh can exist without gonorrhœa. This statement I have found much too exclusive. One assertion may, however, be fully depended upon—that is, that uterine catarrh is by far the most frequent cause of gonorrhœa in men.

Its principal symptoms may be referred to the following heads:—Disordered menstruation, a tendency to hysteria, a sense of weight and bearing down in the pelvis, accompanied with costiveness, and lumbar, hypogastric, or abdominal pain; irritability of the os uteri exhibited during examination per vaginam, or in coitus which is painful when not altogether impracticable.

The secretion is viscid, opaline, and albuminous, which will distinguish it from the fluid, yellow, and purulent discharge of vaginitis.

Diagnosis.—I will begin by stating that I consider the diagnosis of these diseases impossible without the use of the speculum uteri. For the reintroduction of that invaluable instrument into practice, much is due to our respected friend, Dr. Recamier. When I entered this hospital, its application was strictly confined to cases of cancer; and for many years, in private practice, this operation could only be performed on the authority of a consultation. Now-a-days it has become much more common, and the consequence is that the pathology of uterine diseases has gained immensely, and their treatment has become more rational and more successful.

Of all the instruments proposed, that which I prefer is constructed on the principle of Dr. Taubert's (of St. Louis), modified by myself.

My speculum, like that of Dr. Taubert, has two valves only; they are, like his, connected together by a hinge, but the hinge is placed much nearer the handle, so as to give the instrument its full play without in the least inconveniencing the patient. The pain experienced during the introduction of the instrument is always felt at the entrance of the vagina, and the part of my instrument in contact with the constrictor vaginæ, by means of the hinge never increases in diameter, whatever may be the degree of dilatation of its extremity. My speculum is provided with handles, and also with a kind of scale on which may be measured the degree of dilatation of the further end, and the increase of size of the hypertrophied os uteri.

We have come, Gentlemen, to a most delicate question. The use of the speculum meets with many difficulties, and I therefore think it my duty to state my candid opinion, and to give you a few hints on the subject, which, coming from an older hand, may not be altogether thrown away upon younger members of the profession.

The only accusation which could ever be urged against the use of the speculum is its impropriety. You will find in this respect much greater resistance to the operation from women of doubtful reputation than from the truly honest and virtuous. When a physician inspires a proper degree of confidence to his patient, when she has sense enough to understand that a *complete* examination is indispensable for his information and her own advantage, she will submit to it without a murmur. In presence of disease the physician has no sex; he forgets everything but the ultimate benefit which will accrue to his patient from the investigation, and leaves all other considerations far beneath him. When you deem, therefore, the operation necessary, demand it in a plain but firm manner; and if you have to deal with a virtuous and sensible woman—if you have acquired her respect and confidence by your own conduct and the strength of your understanding—be assured, Gentlemen, that your request will not be refused. Had the accusation of indelicacy arisen from non-medical persons, I should probably have allowed it to pass as undeserving of notice; but as it is now and then brought forward by physicians, I must say that the medical man who rejects on this plea examination with the speculum in uterine disease, and thereby wilfully deprives his patient of the vast advantage to be derived from ocular investigation, fails most signally in his duty, and offers an unwarrantable insult to the first of liberal professions in supposing its members capable of being actuated by unworthy motives at the sufferer's bedside. For my part, I have had, perhaps, more occasion for this kind of investigation than any physician in France or in England, and I may say that I have never met with any insuperable objection. English ladies I have attended in Paris, and in London, and to the credit of their sense I will add, that I have found them as ready to submit to the painful necessity as Frenchwomen.

The operation must be conducted throughout with the utmost decorum, and the slightest approach to levity should be altogether discarded. A female attendant should, if possible, remain in the room, in which case the husband's presence, which is customary with us in such cases, may be advantageously dispensed with, as you will constantly find the ladies more manageable before one of their own sex than before their lord.

The patient should be placed on the edge of a bed, supported by a thick cushion or a pillow, each foot resting on a chair, as far distant from the other as possible. The oiled index finger of the left hand should be introduced, for the purpose of ascertaining the exact position of the os uteri; it is then to be withdrawn, and the middle finger placed on the fourchette, so as to depress it as much as possible, whilst on each side the index and ring fingers are employed to keep the labia separate. The body of the speculum is seized in the right hand, and its extremity presented in a perpendicular direction to the back of the middle finger, on which it is to be made to rest. The instrument is then slowly brought to a parallel direction with the vaginal axis, its diameter being rendered slightly oblique, so as to avoid the meatus, and it will then glide on without difficulty; the handle is then placed in the patient's left inguinal region, and confided to her care.

In this position the valves correspond not to the lateral, but to the anterior and posterior walls of the vagina, so as effectually to prevent protrusion of the mucous membrane, which might otherwise occur between the valves, and interfere with the investigations.

To clear away the secretions of the part, a little instrument may be used, which I here present to you, and which I have invented to replace those disgusting little wooden brushes at present used for the same purpose. It is merely a three-pronged forceps, which opens or closes by means of a ring, and which can be loaded with cotton, and fixed on the female catheter, to increase its length.

A surgeon, Gentlemen, who desires to succeed in practice should be very neat in his instruments; in them, particularly, perfect cleanliness is indispensable, and should be combined, if possible, with elegance. I recommend, therefore, the use of gilt specula; they do not become stained like common tin instruments, their aspect is much more pleasing, and their cost not very considerable. Besides, they keep a long time, especially when they are enveloped in a velvet bag, embroidered, like this I now show you, by the fair hands of a grateful patient.

ON THE

RAPID CURE OF GONORRHŒA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I shall be obliged if you will permit me to contribute the results of my experience in the treatment of gonorrhœa to our general fund of knowledge on the subject.

From the unsettled opinion of the profession in the treatment of this complaint, no system has been proposed which the practitioner could regard with confidence and satisfaction. Cubebs, copaiba, liquor potassæ, tartar emetic, iodine and its preparations, injections of zinc, nitrate of silver, have each in their turn been vaunted as a specific, or greatly praised for the relief it was capable of affording. Yet, on none of these could much dependance be placed; they have all disappointed the practitioner, for, however valuable they may be in themselves, and however especially local their action, they generally fail to effect a speedy cure, from the variety of symptoms which usually attend the severe forms of the disease; and the reason is obvious: gonorrhœa can be divided into three distinct stages, and, if so, the treatment must undergo a similar division. Now, with the exception of the tartarised antimony and iodine, the whole of the medicines mentioned act in a similar manner on the genito-urinary mucoid surfaces. Beyond a certain point, they fail to produce a beneficial effect, and, therefore, are not at all adapted to meet the new state of things, which the complaint, together with their action, has produced.

During the period when the Great Western Railroad was in the course of formation, the larger proportion of illnesses from which the "navigators" suffered consisted of gonorrhœa, and other forms of the venereal disease. The dissolute habits of these men caused the inflammatory symptoms to rage with great intensity; and, without acting on any "system," I was obliged frequently to resort to very energetic measures, and whenever sharp antiphlogistic means were adopted, before exhibiting the *usual* copaiba and liquor potassæ mixture, the complaint invariably ran a milder as well as a shorter course. This was but in accordance with the first principles of the practice of medicine; and it seemed, in my humble opinion, only necessary to make the whole treatment accord with such principles, in order to subdue the disease at once safely and rapidly.

Before the plan is submitted to the profession, I must own that the following combination of medicines —very similar in appearance to a nostrum called the "specific solution"—produced a cure, although one neither so speedy, *scientific*, nor safe, as the measures which I shall presently bring forward :—

Hydriodate of potash, one drachm;
Oil of cubebs, half an ounce;
Balsam of copaiba, half an ounce;
Liquor potassæ, one ounce;
Hydrochlorate of morphia, two grains;
Spirit of nitric æther, two ounces. Two teaspoonfuls to be taken three times a-day in water.

The diet moderate, and an occasional calomel pill and draught administered. The cure was generally completed in ten or fourteen days. Occasionally a gleety discharge remained, which a weak zinc injection was sufficient to remove.

Satisfactory as were the effects of this combination of medicines, the treatment was not exactly what the state of our science demanded. It was no system; and, therefore, as the lines of demarcation between the inflammatory, suppurative, and atonic stages were sufficiently distinct, there was every reason to conclude that, by anticipating or attacking them with appropriate means when developed, the best results would follow.

The treatment was consequently divided into three parts; the first had reference to the inflammatory stage, the second to its effects, and the last to the atonic state of the lining membrane of the urethra, and the vessels with which it is supplied. It consisted of ten grains of calomel, divided into three doses, one to be taken every four hours, and of the following mixture :—

Sulphate of magnesia, half an ounce;
Jalap, two scruples;
Scammony, fifteen grains;
Potassio-tartrate of antimony, three grains;
Water, eight ounces. Three tablespoonfuls to be taken every four hours, beginning an hour after each powder.

Diet low, and drink barley water, linseed tea, &c. The first dose of the mixture was generally rejected, but the stomach soon became accustomed to bear the tartar emetic. The genital organs to be frequently soaked in tepid water, and suspended. In four and twenty hours the suppurative stage may be anticipated, if not already established. The mixture to be omitted, and the following substituted :—

Liquor potassæ, one ounce;
Oil of cubebs, half an ounce;
Balsam of copaiba, half an ounce;
Hydriodate of potash, half a drachm;
Hydrochlorate of morphia, two grains. A teaspoonful to be taken in two ounces of barley water every four hours.

The parts to be rolled with a bandage, and kept wet with an acetate of lead lotion; barley water to be drunk very plentifully, and the diet improved. This treatment to be continued for three days; on the evening of the third a dose of calomel to be given, and a gentle aperient the next morning. The following injection may now be used every two or three hours for two days :—

Acetate of lead, one drachm;
Water, eight ounces. Make an injection.

This powerful lotion speedily arrests the remains of the secretion, and appears to restore the lining membrane to its normal condition. The treatment is now merely palliative, comprising a dose of the drops once a-day for a few days, and an injection of cold water twice every second day for the same time.

In no instance has a single unpleasant symptom arisen, nor the slightest contraction of the urethra supervened; and, unless the patient is very rebellious, and will drink spirits, beer, or stout, the cure is completed within the week.

The above plan was modified according to age, temperament, and symptomic violence, but the principle in every case was the same. In my next paper I shall have much pleasure in demonstrating how rapid is the cure of chancre under the power of nitric acid, tincture of iodine, and a very slight course of mercury.

I am, Gentlemen,
Your obedient servant,
Conway T. Edwards, M.R.C.S.L.
Bath Easton, July 10, 1843.

TREATMENT OF UTERINE HÆMORRHAGE BY GALLIC ACID.

The following cases, showing the value of gallic acid as a remedy in cases of uterine hæmorrhage, are abridged from a paper by Dr. Stevenson :—

Case I.—J. Johnston, aged thirty-two, plethoric, having menstruated irregularly for two years. On January 18, was attacked with pains in the abdomen, continuing at intervals until the next morning, when she passed an unusually large quantity of blood *per vaginam*. At eleven o'clock she was lying on her back in a very exhausted state; eyes sunk; pupils dilated; hands and feet covered by cold perspiration; abdomen tense; tenderness in the hypogastric region; about a pound of blood had passed from the vagina. Cold to the hypogastric region, castor oil, and frictions to the legs, were the remedies employed, and on the next day the pains had ceased, but the countenance was more anxious and paler than before; the pulse 110, regular, feeble, and scarcely perceptible at the wrist. Blood has continued to escape from the vagina throughout the whole night, in quantity not less than twenty ounces. A glass of port wine was given, and ordered to be repeated every four hours, and the following :—

Gallic acid, eight grains;
Powder of cinnamon, five grains. Make a powder, to be given every third hour.

Three, p.m., of the same day (19th). Great exhaustion; pulse 130, feeble; fits of fainting; six ounces of blood, of highly offensive smell, had been passed since the morning. Wine omitted; powders to be continued.

20, Nine, a.m. Pulse 110, stronger and regular; countenance flushed; heat of skin moderate; three ounces of blood passed since yesterday, not offensive, and having been expelled in small clots. Seven powders had now been taken. Ordered to repeat them at large intervals.

Five, p.m. Pulse 120, feeble; countenance more anxious; hæmorrhage decreased; smell not so offensive. Twenty-four minims of laudanum were ordered to be given at bed-time, and the powders to be continued.

21, Twelve, a.m. Pulse 110, full and regular; passed a quiet night; countenance animated; a few drops of blood passed during the night, but towards morning about half a drachm; skin warm. Repeat the powders.

After this period the powders were given once daily; the hæmorrhage did not recur, and in a few days the patient was convalescent.

Case II.—Mary Slater, aged thirty-six, was seen on February 2. This patient had for three years menstruated more or less irregularly, the secretion having occasionally been profuse. Six months ago had had an attack of hæmatemesis, since which time the catamenial function had been suspended.

At the time of her being visited, on February 2, she presented the following symptoms :—General uneasiness, fulness in the head, lassitude, pains in the lower part of the abdomen, and a discharge of blood had taken place from the vagina, in quantity about a pound. She was unconscious; pulse quick, feeble, and irregular; respiration quick; heart's action feeble, accompanied by an indistinct *bruit*.

Nine, p.m. Reaction had taken place by means of the remedies employed; but two ounces of blood, mixed with offensively smelling mucus, had passed from the vagina. Symptoms of collapse again occurred, but were successfully met by appropriate remedies, and the following prescription was then ordered, plugging of the vagina having been previously had recourse to :—

Gallic acid, eight grains;
Sugar, ten grains. To be taken every third hour, and half a glass of sherry every second hour.

3, Ten, a.m. Pulse 120, small; respiration easy; plug came away from the vagina at eleven o'clock, covered with coagulated blood; hæmorrhage to the amount of six ounces since the last report. The powder to be continued.

Seven, p.m. Pulse 100, small, regular; countenance anxious; much thirst; gnawing pain in the stomach; two ounces of blood in clots passed by the vagina. Repeat powders.

4. Pulse 95, fine; countenance pale; eyes bright and expressive; tongue clean; skin perspiring gently; ten ounces of blood passed during the night. Repeat powders.

5. Passed a quiet night; a few drops only of blood have escaped from the vagina; pulse 90. The powders to be repeated twice daily.

6. Convalescence fairly established. In a week had quite recovered, and there has since been no return of hæmorrhage.

Case III.—Ann Gloss, aged twenty-three, plethoric, had been the subject of irregular menstruation. On the 23rd of February profuse uterine hæmorrhage took place, the quantity of blood voided amounting to a pound and a half, pure and arterial; by vaginal examination no abnormal condition of the uterus could be detected. A plug of lint saturated with alum was passed into the vagina, and a little brandy administered.

Ten, p.m. Plug had passed during defecation, and the bleeding had returned; it was reapplied, but the hæmorrhage persisted; pulse was quick, feeble, and intermitting. Ordered gallic acid six grains, in form of powder, every three hours.

24, Nine, a.m. Countenance ghastly pale; eyes sunk and glossy; pulse thready and irregular; five ounces of blood passed, clotted and darker. Repeat powders.

Three, p.m. Reaction had taken place; pulse 120, distinct; countenance composed; a small quantity of blood passed.

25. Pulse 110, firm, and regular; bleeding had nearly ceased.

26. Pulse 80, of regular strength; complains of pain in the sacral portion of the spine; a little mucus, but no blood, had passed from the vagina. Repeat powders twice a-day.

27. Slight discharge from the vagina, partly mucus, partly blood; strength returning.

She gradually recovered, and is now enjoying good health.—*Edin. Med. and Surg. Journal.*

CASE
OF
FOREIGN BODY IN THE AIR-PASSAGES,
PRODUCING FŒTID EXPECTORATION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—If the following case, which occurred in the practice of a friend of mine, should be deemed at all interesting, I beg you will give it insertion in your valuable Journal.

I am, Gentlemen,
Yours obediently,
John Wickens West, M.R.C.S.L.
Poole, July 11, 1843.

A young gentleman, aged thirteen, was brought from school, and placed under the care of a medical man. From his friends it was ascertained that he had been attacked, about three weeks previously, with severe rigors, succeeded by febrile symptoms, hard dry cough, a sense of uneasiness about the chest, and a general efflorescence over the whole body. When first seen had a pulse of 120, with febrile exacerbations, profuse night sweats, and an abundant expectoration of matter, so purulent as to emit a disagreeable fœtor; cough very troublesome, with considerable dyspnœa. From the above symptoms, it was considered a decided case of phthisis. A blister was applied to the chest, the bowels opened, and eight drops of the tincture of digitalis given twice a-day, increasing the dose every day until forty drops were taken in the course of twenty-four hours; at times, vertigo and nausea would supervene, and the dose was then reduced to the original quantity. The pulse, after a few days, diminished to 70, and the expectoration, after a few weeks, lessened every day, and once, as far as respects its purulence, totally disappeared; his night sweating was considerably diminished, and his febrile exacerbations were gone. However, with all these favorable circumstances, and a steady perseverance in the tincture of digitalis, the cough occasionally returned, and the expectorated matter resumed its former color. The case was now considered a hopeless one, at the same time a steady perseverance in the remedy was recommended. It was increased to twenty drops three times a-day for several months, when he was attacked with violent vomiting, and threw up a plum-stone, which he recollected to have swallowed some little time prior to his being taken ill, which stuck in the œsophagus, and was attempted to be pushed down with a probang by a surgeon of the place. From this moment a considerable diminution of his symptoms took place, and in the incredibly short space of three weeks he was pronounced convalescent.

STOMATITIS ULCEROSA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In your Journal of the 15th instant I notice that the disease Dr. Stöber calls "Stomatitis Ulcerosa," he refers to caries or to incrustation of the teeth.

The cases I have met with correspond exactly with Dr. Stöber's description of the disease—viz., deep uneven ulcers on the inner surface of the cheeks and sides of the tongue, with a greyish yellow base, which bleed easily, and are attended with fœtid breath and swelling of the glands of the neck, but certainly are not always attributable either to caries or incrustation. I have often found them most obstinate, resisting every remedy; and my object now is not to contend as to whether they are always produced by tartar, or caries, but, through your widely-circulated Journal, to beg of some of your readers a suggestion as to the best mode of treatment.

I have the honor to be, Gentlemen,
Your obedient servant,
Thomas Bancks.
Stourbridge, July 17, 1843.

CONGENITAL CLOSURE OF THE DESCENDING AORTA.

The rare examples of congenital contractions of arterial trunks, usually occur near the heart, at those parts which undergo considerable change in their size after birth.

The descending aorta is the most frequent example of such peculiarities. M. Paris has related in Desault's Surgical Journal, the case of a woman in whom the aorta below the ductus arteriosus was so reduced in size as scarcely to admit the entrance of a common writing pen, and immediately under this part it again enlarged to the natural size. The parts under the contracted portion were supplied with blood by the communications of the subclavian and axillary arteries, with the intercostals, the diaphragmatic, the epigastric, &c.

Dr. Graham has recorded another case, in which the aorta, after expanding unusually, near its origin, so as to form a kind of pouch, and giving off branches to the head and superior extremities, was preternaturally contracted immediately after its union with the canalis arteriosus. At this point it was completely impervious for a line in breadth. Under this constricted part the artery again expanded to its natural size. Its coats appeared unhealthy.

The following is another example of this remarkable obliteration of the principal arterial trunk of the body, without its producing any apparent marked effect on the size or strength of the parts upon which the artery was distributed from the circulation being carried on by anastomosing vessels.

Case.—A strong middle-aged native, while walking, suddenly fell down, and expired. Dr. Rae, who obligingly gave me the preparation, examined the body, and found a large quantity of blood in the cavity of the chest. In following the course of the aorta, which is now before me, it was found enlarged; after leaving the heart, and giving off the innominata, and the left carotid and subclavian arteries, it suddenly contracted for a line in breadth, as if a ligature had been passed tightly round it; and on examination it was found there to be completely impervious under the ductus arteriosus, which was also closed. Immediately under this point the aorta appeared of its natural size, into which several enlarged arteries poured in their blood. The left ventricle was much thicker in its parietes than natural; and on laying open the enlarged ascending aorta immediately after its leaving the heart, it was found torn in its internal coat for an inch and a half, commencing a short distance above the semilunal valves, and extending obliquely upwards. By this torn part, blood had been forced between the cellular and muscular coats and into the cavity of the chest, causing the sudden death of the individual.

Where the left carotid artery divided into the external trunk, an incipient aneurysm appeared, in the form of a semicircular swelling. On examining this more carefully, it seemed to be formed by the blood forcing out the arterial parietes without having destroyed the fibrous coat. This is by no means a solitary instance, as Hodson has delineated one of the same kind; and I believe a more extended and careful examination will prove that this is the usual manner in which aneurysms commence. The enlargement of the ascending aorta is another example of the same kind.

The circumference of the different vessels in Dr. Graham's, and in the case under review, are as follows:—

	Graham's Case.	Wise's Case.
The greatest external circumference of the aorta near its origin in inches	3·83	4·75
Aorta, after giving off the left subclavian	·80	1·15
——— immediately under the strictured ditto	1·60	2·72
Left subclavian ditto	1·40	1·45
—— carotid ditto		·52
Innominata ditto		1·50

Was this closure congenital or accidental? Dr. Graham supposes that his case belonged to the latter class, and describes a preparation in Professor Patterson's museum as a proof of such obliterations of the aorta taking place. But in this case a considerable portion of the aorta, just above the bifurcation of the iliac, was filled with "laminated coagula," extended into both iliac arteries, and it is in this manner, I conceive, that such an obstruction of the aorta can take place in the course of life from the effects of an acute disease extending a considerable way in the vessel. This was neither the case in Dr. Graham's case, nor in the preparation now before me. In both these cases the aorta was abruptly contracted, and there was no extensive disease in the artery beyond what such an obstruction must have occasioned. Near this part of the vessel, the coats of the descending aorta remained in a normal condition, and it was only at a point where the vessel was obtructed, and also at the ascending portion, that its tissue appeared thickened, by that power of the system which always strengthens weak parts.

Another peculiarity in these cases was that the obliteration took place in both patients without any symptoms of violent disease, and exactly in the same position, immediately below the *ductus arteriosus.* This was not the place at which an accidental obliteration would have taken place; but it would have occured immediately after the aorta had given off the large trunks at its arch, or as it began to descend. Besides, the obstruction to such a large artery must have been produced by a powerful cause, which would have filled up a considerable extent of the aorta, and left traces in the vessel of its having been so affected with disease, which was not the case in the examples under review.

If the obstruction is to be considered as congenital, could the circulation have been carried on by the blood passing from the *ductus arteriosus* to the arch of the aorta? There is no doubt that this might have taken place in the fœtus, in which the lower part of the body is so much less developed than the upper half. In this case the obstruction did not retard the development and growth of these parts in this individual, who grew up to the adult state without any apparent peculiarity in his make. The circulation in the fœtus, with such an obliteration, would be modified to meet the difficulty. The foramen ovale would be more open, and a large quantity of blood would pass to the lungs by the pulmonary artery, and to the ascending aorta by the left ventricle, and the contents of the right ventricle would be propelled through the ductus arteriosus to the arch of the aorta. Thus both ventricles would pour in their contents towards the arch of the aorta.

This is what I suppose must have occurred in this case, and that the circulation was carried on by the collateral branches which were enlarged at a very early age; and it explains the free manner in which the circulation must have taken place to the lower extremities, and the individual thus arrived at manhood with all his organs strong and well developed.

As, however, the body got strong and plethoric, we must expect that he would be subject to palpitations of the heart, and painful throbbings of the arteries of the neck, with attacks of headache, and occasional fits of dizziness from the want of a free circulation, which had caused the hypertrophy of the heart to overcome, and of the ascending part of the aorta to resist the force with which the blood was sent into it, and its free circulation prevented by the closure of the descending aorta. The opposing force was not sufficient to prevent morbid consequences: these were—

1st. The formation of an aneurysm at the angle where the common divides into the external and internal carotid arteries, and this swelling is the more interesting, as it exhibits the enlargement of the three coats of the vessel without any rupture, which Scarpa supposed always takes place in these cases.

2nd. The second and most remarkable change was the hypertrophy of the left ventricle, and the enlargement and thickening of the coats of the ascending aorta, forming a true aneurysm, which was not, however, sufficient to resist the force of the blood, and which, on the person exerting himself in walking, the aorta burst, and the individual immediately expired from the loss of blood.—*Dr. Wise in Bengal Transactions.*

REMARKS
ON
SOME OF THE THEORIES OF LIEBIG.

The following observations are from the pen of Dr. Bostock, whose high rank as a physiologist and a chemist renders them of great value:—

Dr. Bostock alludes first to that part of Liebig's recently published work, in which the author relies chiefly upon the existence of a specific principle—"vital force;" and next to the very important question of how far chemical experiments on the constituents of the body, and the changes which these may undergo, may assist in explaining the vital actions of the system. In connection with this latter subject I may notice the principle (says Dr. B.) which, if not formally announced by Liebig, may be considered as the basis of a great part of his reasoning, that physiological action necessarily involves a change of chemical composition. That there is an intimate connection between chemical composition and physiological action, that a specific chemical composition is essential to physiological action, I regard as an established principle. But the Professor extends his views beyond this point; he conceives that no action can be performed by any structure without a coincident and corresponding change in its chemical composition. He conceives that when a muscle contracts, or a nerve conveys a perception, a chemical change is produced in the part, thus resolving every action which the living system performs into a mode or modification of elective attraction.

One of the most startling positions in Liebig's treatise, and one which, at first view, would appear to contradict all our established opinions, is, that the same chemical elements, and combined in the same proportion, may produce a number of different compounds. This proposition is said to be the unequivocal result of careful experiment, and, in the abstract, we may conceive its possibility, while there are few chemists to whose authority on such points I should feel more disposed to defer than to that of the Professor of Giessen. But, were the position proved to demonstration, I do not conceive that it would contribute materially to the explanation of any of the changes that are going forward in the living body. We may rest assured that no action, either vital or chemical, can absolutely create or annihilate chemical elements; the body can only be composed of the elements which it receives *ab extra*, and it can only part with those elements by some process of secretion or excretion. Our object is actually to trace out the progress which the elements pursue, from their entrance to their exit, and it can be no disparagement to the general merit of Liebig's treatise to say, that to bring forward the doctrine in question as an explanation of any of the vital phenomena, is to substitute a verbal for an efficient solution of the problem.

There is no part of the animal economy which is more adapted to excite our curiosity, and to raise our conception of the wisdom displayed in the formation of the living body, than the mode in which the lungs are furnished with the necessary supply of carbon, and the carbon made subservient to the extrication of caloric. The function of respiration was one of the first which engaged the attention of modern physiologists, and it is one in which the science of chemistry has most materially contributed to elucidate the operation of the vital organs. There is, however, some difference of opinion respecting the source whence the lungs receive their supply of combustible matter, and of the relation which they bear to the other parts of the system. On this subject I shall venture to offer a suggestion, which may, perhaps, contribute to throw some light upon this process, as well as upon some other of the operations of animal economy.

It is generally admitted that the materials which enter into the constitution of the body are undergoing a perpetual change; from various causes they become unfit for continuing their office, and are, consequently, discharged, while new matter is received to supply their place. Now, it is necessary that there should be a sufficient supply, not merely for all the *ordinary*, but for all the *extraordinary*, demands of the system, and that, consequently, in the usual course of things, there will be a surplus quantity, for which there must be some appropriate mode of discharge, as well as for the matter which has become effete and useless. The elements of which the animal body is mainly composed are carbon, hydrogen, nitrogen, and oxygen;

we must, therefore, inquire what are the channels by which these several elements are carried off, when a greater quantity of them has been received into the system than is required for preserving it in a healthy and perfect state. Now, there would appear to be three organs, which may be termed *depurative*, as being especially appropriated to this purpose—the lungs, the liver, and the kidney—by which the superfluous and effete carbon, hydrogen, and nitrogen, are respectively removed from the system. With respect to the first of these, the carbon, not to insist upon the injurious effects which would be produced by its retention in the system, we find that, by the mode which is adopted for its removal, an operation is effected which is essential to animal existence, the evolution of caloric. In the case of the liver, by which we have a portion of hydrogen and carbon removed from the blood, there is a new substance produced, which is probably useful in perfecting the process of assimilation; while, in the kidney, the discharge of nitrogen would appear to be the principal, if not the sole, object of its function. We have no specific organ for the removal of oxygen from the system, but this is effectually provided for by the necessary formation of the carbonic acid and the water which are discharged from the lungs and the kidney, and also by the proportion of this element which enters into the formation of the appropriate secretion of the liver. As to the mode in which the blood obtains its elementary constituents, it may be sufficient for my present purpose to consider this fluid as the great receptacle in which all the constituents are received in the first instance, and from which they are separated as it circulates through the system, depositing in the several organs those elements which each of them requires for the supply of its appropriate demands.

Another point on which I conceive that Liebig has advanced a position which is at least doubtful, if not incorrect, is, that each of the structures of the body requires an appropriate organ for its formation. It is obvious that no substance can be produced without an apparatus specifically adapted to the purpose—that the requisite elements must be provided, and that there must be a certain disposition of the vessels by which these elements may be deposited in their proper position and their due proportion. This state of things implies the existence of a system, the various parts of which are adapted to each other, in order to produce the ultimate effect. But it does not imply the existence of that arrangement to which the term *organ* has been usually applied. We conceive that the blood contains all the elements which enter into the composition of the muscles, the nerves, and the bones, and the other parts; and that where each part is produced there is a certain state of the contiguous vessels, which enables them to deposit, in due proportion, the elements which enter into the composition of each structure. But to style this disposition of the vessels an organ, would be to use the term in a new, and, as I conceive, a less correct mode than that which is generally employed.—*Med. Gaz.*

CASE
OF
FUNGOID DISEASE OF THE PYLORUS.

M. A. Herby, aged thirty-nine, an unhealthy looking woman, whose previous health had been completely wrecked by habitual debauchery. For the last six months she had rapidly emaciated, her bowels had become irregular, and she had suffered from frequent vomiting, the matter ejected often containing blood. Her symptoms when first seen were the following:—Body much emaciated; abdomen greatly distended, and tympanitic; tongue red and coated; left leg anasarcous; dulness on percussion beneath the right clavicle, in which point scarcely any respiration could be heard; at the corresponding portion of the opposite lung the respiration had become puerile; the expression of the countenance was that of distress; face bloated; and the eye presented the peculiar blanched pearly appearance indicative of mottled kidney; urine highly albuminous.

She continued in the same condition for eleven days, during which the abdomen became on one or two occasions much less distended, but no defined abdominal tumor could be detected. She was shortly afterwards attacked with continued diarrhœa and vomiting, which, resisting the action of all other remedies, was at length arrested by the following draught:—

Nitrate of silver, two grains;
Opium, one grain;
Infusion of catechu, one ounce and a half.

The powers of life became rapidly diminished, and in two days she sank.

Sectio-Cadaveris Twelve Hours after Death.

Body much emaciated.

Head not examined.

Chest.—The right lung healthy at its inferior half, but in its upper portion was found a thick, irregular mass of indurated lung, probably the result of chronic inflammation; around this the pleura was thickened and opaque. The left lung was pretty generally healthy. The bronchial tubes were injected, and filled by secretion. The heart had its left ventricle dilated and hypertrophied. Mitral valve thickened, but scarcely sufficiently so as to interfere with its function.

Abdomen.—Liver indurated, somewhat contracted, and on a sectional view presented a myristicate appearance. Both kidneys were large and flabby. The stomach had an unusual position, the pylorus being drawn backwards towards the spinal column. The pylorus was found to be the seat of a large irregularly formed growth, of about the size of a large orange. On laying open the stomach this mass was seen, presenting all the appearances of fungus hæmatodes; several portions had softened down, others were still hard and dense; the calibre of the tube of the pylorus did not exceed an eighth of an inch in diameter, this diminution being consequent upon the presence produced by the malignant mass which completely surrounded it. The cardiac end of the stomach had its mucous membrane injected, and in a few points ecchymosed. The remaining abdominal organs were free from disease.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JULY 22, 1843.

Insanity, it has been said, is better understood than defined, and the imperfection of our laws relating to it depend mainly upon the difficulty of conveying in words with sufficient accuracy the principles they are intended to embody. The recorded opinions of bygone authorities, and not less of those of the present day, may justly be adduced as evidencing the truth of one part at least of this position. The definitions of the several forms of mental alienation have undergone some modification, and their application received new limits by almost every one of the great legal authorities to whose decision the subject may have been referred, and whilst a few of them have restricted their employment, the majority have given a still greater degree of latitude, permitting the term insanity to be used in almost any sense that may suit the circumstances of each particular case; and from this it has probably arisen that the plea of insanity is so often set up in criminal cases as the defence of the guilty, and from the many opportunities such line of defence affords for the exercise of the ingenuity of counsel, and the successful employment of recorded decisions and conflicting opinions that it so often proves successful. The legal divisions of unsoundness of mind have received definitions by different judges which have been almost at variance with each other, till at length the whole question has assumed the highest degree of vagueness and uncertainty. Compare, for example, the many and often quoted definitions given to the legal expression "non compos mentis," by three of the most profound and learned in the list of legal authorities—namely, Lords Hardwicke, Eldon, and Lyndhurst. The same amount of discrepancy still obtains, and the decisions given in the present day constantly offer illustrations of the fact. The report of the judges made to the House of Lords, a notice of which was given in our last Number, does little more than furnish us in a condensed form with what was before stated in legal writings in a more diffuse manner, and although it was not to be expected that any new legal regulations would emanate therefrom, it was yet hoped that the great principle upon which the laws of insanity are based would have received a more lucid description than they at present possess, and the fact of such principle appearing to influence in many cases so little the decisions of our courts of law, explained.

The great question of the duration or degree of mental imperfection which is to be received as invalidating the performance of civil acts, or annulling criminal responsibility, is still shrouded in much that is obscure and uncertain, and we may safely predicate that legal decisions yet to come will, as heretofore, vary accordingly as the presiding judge may deduce his opinion chiefly from medical or legal data.

It is not a little remarkable that the laws of our country should have so long remained unimproved by the rapid advances of medical science, a fact which becomes one of great importance when it is recollected how essentially medical knowledge is connected with the elucidation of certain criminal charges, and how much the results of their judicial investigation must be influenced by medical evidence. Still do certain of our criminal laws, the proper application of which must be most intimately associated with and not unfrequently dependant upon, the aid to be afforded by medical science, remain in full force stamped with all the proofs of the early date of their formation, and when medicine was a mystery and physiology but a name. Take, for example, the insufficient medical assistance required by the law in cases in which the plea of pregnancy is advanced in bar of execution, and the uncertain evidence by which it grants or takes a human life—mark the discrepancies which exist among legal opinions of the value of medical evidence and the varying manner in which the charges of criminal abortion and infanticide are received as established, or rejected as not sufficiently proven—and, lastly, let us instance the *vexata quæstio* before us, the plea of insanity.

The first on the list of questions submitted to the judges, the answer to which is contained in their report, bears reference to the inquiry of how far the fact of an individual laboring under a certain delusion applying to one or more particular subjects can entitle him to be regarded as irresponsible for the commission of crime; and the fourth question, which is closely allied to it, supposes the case of the criminal act having been in unison with, or the immediate result of, the delusion itself. It is, of course, sufficiently obvious that the late case, in which the plea of insanity has been so successfully advanced, is indirectly referred to, and it is, therefore, not a little surprising that the following answer should have been returned, and presented by the chief of the three judges who presided on that occasion, perceiving, as every one must do, how completely the result of the trial is opposed to the view of the law which has just been given.

The reply to these questions embody the old doctrine, that in order to establish the defence of insanity it must be proved that the accused was, at the moment of the commission of the act of which he is accused, incapable of distinguishing between right and wrong, and next, that the fact of his imagining the criminal act would ensure either private benefit or effect some great public good, is to be altogether disregarded as affording any protection from the punishment of the law.

Correctly as these answers express the spirit of the law, they yet by no means assist in reconciling with it the verdicts that have been given in an almost endless number of cases, many of which are of modern date, and have been delivered under the direction of the same authorities whose names are attached to the present report. The fact of a criminal act having been committed by one laboring under partial insanity has commonly been received as an extenuating circumstance, affording some proof of the right of the individual to claim the protection of criminal irresponsibility; and this it was that constituted the chief feature in the defence made in the very case, the recent occurrence of which has called for the report now before us. Nor has this view been adopted solely in criminal cases; in those of a civil character it has been as often and as successfully advanced. Thus, in the case of the monomaniac* who conceived an unconquerable aversion to his brother, and believed that the latter had endeavoured to poison him, and continuing to labor under this delusion till he died, left a will by which the brother was disinherited. It was argued that the act of the testator was not valid, because made whilst the latter was the subject of partial insanity, the chief proof of which was said to consist in the fact of the act being in unison with the delusion under which he labored, and was the immediate consequence of it. The result of this was the declared invalidity of the will. We have long been accustomed to speak of the insufficiency (medically considered) of the test here referred to—namely, the capability of distinguishing between right and wrong; it is, in fact, in a large proportion of cases no test whatever of the existence or non-existence of insanity; and great as is the degree of importance attached to it in the report of the judges, it is, nevertheless, equally true that their decisions have frequently been opposed to the opinions there expressed, and it needs but a slight retrospective glance at the results of comparatively recent trials to see decisions, some, it is true, in accordance, but others equally at variance with this view. One unhappy and well-known example is afforded in the ill-fated man who could not explain the difference between right and wrong—yet he died on the scaffold.† Another affirmed that he well knew that in committing the crime of which he was accused that he was acting against the laws of man—and yet he escaped the sentence of those laws. The wretched lunatic at Paris who cut off her infant's head, and threw it from the window, when apprehended, acknowledged that whilst committing the act she was aware that it constituted a crime punishable by her death; and still she was beyond all doubt insane, and neither morally nor legally responsible. In fine, there can scarcely be a test of less value than that to which we allude, the very nature of a delusion may completely negative its employment. Often has the madman endeavored to justify his conduct by assuming that, although by the act of which he is accused he violated the law of man, yet that he had received a divine mission, and, acting in obedience with it, did but obey divine in preference to human laws. If further evidence of all this were required, we might safely refer to the many published works of legal reference.

The fifth question is one directly applying to those members of our profession who may be summoned to give evidence in judicial inquiries on the question of insanity — whether a medical man conversant with that disease can give an opinion of the sanity or insanity of the accused? It has now been decided that no such question can be asked until such evidences have been adduced as may lead in great measure to support the belief in the existence of insanity.

REVIEWS.

A Practical Treatise on the Diseases of the Testis, and of the Spermatic Chord and Scrotum. By T. B. Curling, Lecturer on Surgery, and Assistant-surgeon to the London Hospital, &c. London. 8vo. pp. 542.

In monographs on surgery we have hitherto expected to find some original or novel views advocated; and in the present day, when the press is teeming with text-books and vade-mecums, we imagined monographs were going out of fashion, and that they were about to be incorporated with those pondrous or neat little volumes with which our libraries are now furnished. Our author has, however, thought fit to publish his compilation in a handsome binding, and, as such, we propose to review it, although we think it might have suited better the popular taste to publish one of the excellent works above alluded to in company with those of many of his contemporaries.

The arrangement which Mr. Curling has followed we highly approve of. The student will find in the treatise the various subjects arranged under separate and distinct chapters; and we hope it may tend to remove the stigma cast on English surgical writers by continental critics, who, we think, justly complain of our leading surgeons stating the most excellent practical remarks in a diffuse and careless manner, mixing up diagnosis with treatment, and wandering from this to symptoms, without a possibility of the reader following the writer, or gaining a concise or distinct notion of the complaint treated of.

We shall pass over the first chapter, on the Anatomy of the Testis and its Coverings, as the subject presents nothing that is new, or is not to be found in the elementary works, and which the student must be supposed to be acquainted with previous to his commencing reading surgery; nor do we find any practical deductions from anatomy, which, we think, is the only excuse for filling surgical treatises with anatomical details.

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* Case of Greenwood.

† Bellingham.

In treating of the functions of the testis, and in Chapter XVII., on the sympathetic and functional diseases of the organ, Mr. Curling has collected much that is interesting and instructive, and his language cannot offend the most fastidious; nor do we meet with those disgusting tales which, however fit they may be thought to be for the lecture-room, ought never to be seen in print. The surgeon in private practice will find many useful hints, and the philanthropist much to admire. We give as a specimen the following passage, page 414:—

> "The irritation attending the morbid condition of the mucous membrane of the prostatic part of the urethra tends, in a very material degree, to excite both the excessive seminal discharge and the secretions of the prostate, and to produce that morbid craving for indulgence and abuse which persons who have brought themselves to this state find so difficult to repress or resist. It is well known that any irritation at the orifice of an excretory duct usually acts as a stimulus to the secretions of the gland. Thus hurtful matter in the duodenum produces a flow of bile, and a foreign body in the conjunctiva, as an inverted eyelash, a discharge of tears. So it is with the testis when irritation exists at the orifice of the excretory ducts. The disorder at this part, moreover, appears to reach on the brain, and to become in part the cause of the patient's mind being constantly occupied with subjects of sexual excitement, and of his indifference and apathy in respect to other matters.
>
> "This is a truth I fear not sufficiently impressed on the minds of medical men. One would be liable to offer any apology for the vicious habits and indulgences to which, it is well known, old men are occasionally addicted, a melancholy example of the kind, in the higher ranks, having lately been brought under public notice. I cannot but think, however, that in many instances these cases are not undeserving of professional sympathy, and that the erotic longings which sometimes continue to distress the aged, after the period at which, in the course of nature, they should have ceased, depend as much on physical infirmity as mental depravity, the former inciting and producing the morbid desires. If these propensities were regarded and treated as symptoms of disease (and that they frequently occur in connection with affections of the urinary passages, is well known to practical surgeons), I believe they would often subside, and the distressing results to which they lead would be altogether avoided."

We agree with the author in thinking that this view of the subject deserves consideration, and we hope to see the day when these so-called criminals may share the sympathy which, by medical science, has been thrown around the monomaniac. We fear, however, it must be some time before the judges will have such a philanthropic view of the case. One thing is certain, were patients' friends aware that the surgeon could hold out some prospect of success, they would not allow him to be neglected as he now is, or to offend public decency. We thank, in the name of the profession, Mr. Curling for calling our attention to the subject. The manner in which these subjects are treated makes us regret that Mr. Curling has not dwelt more at length on those thousand questions which are every day put to the surgeon in private practice; we think it would have been far better, and more instructive than descriptions which are surrounded with so large a magin. We had looked for a better account than we find of seminal emissions and abuse, stripped of the exaggerated statements we have of late been favored with, and we think under no head could it have been treated of better than this, for we are far from contented with the rules laid down, or the indications or contraindications given for the treatment by caustic; and we shrewdly suspect the veracity of much that has been written upon the subject, as much as the good faith of those who urge objections to this or any plan that has been devised for the cure of these troublesome complaints. The result of our own experience in the use of Lallemand's instrument is fraught with little or no danger, and that no other plan hitherto devised will destroy that irritability of the mucous membrane at the prostatic portion of the urethra. One thing we have observed, that relapses are of very frequent occurrence, which require a repetition of the treatment.

Under the head of Imperfect Descent of the Testis, the reader will find several recommendations of the author which are very judicious. He thinks it safer to apply a truss than to leave the child exposed to the consequences of hernia supervening.

Mr. Curling has illustrated the chapter on hydrocele with several wood-cuts, many of which are very well executed, but we have our doubts how far these sort of illustrations can assist in the descriptions of pathology; and we think many of our readers will agree with us that, in treating of morbid anatomy, they may be very pretty, but surely are not called for, or likely to assist us, as in treatises on anatomy or midwifery. At page 171, Mr. Curling states, "I never inject a recent hydrocele, or one, however small, the first time of tapping, as it occasionally happens that the fluid ceases to collect after its evacuation."

We would not recommend young practitioners to follow this advice, or the patient may dislike a double operation when one will suffice; generally speaking, a hydrocele which requires tapping requires injecting. The cases of spontaneous cure are so few, that the surgeon is not justified in resorting to it. In cases where the fluid withdrawn is slightly tinged with blood, it may be necessary to wait; but in other cases we would recommend immediate injecting, and this even in large hydrocele, when a small quantity of iodine is alone necessary, and forms one of its greatest recommendations. Mr. Curling, however, uses lime water, and acknowledges he has not had much personal experience with iodine, which, however, he sees no reason to think preferable, from what he has read, to many other injections.

We may here allude to a plan recommended by M. Lisfranc, of allowing the fluid (effused in the hydrocele after the operation of tapping and injection) to escape by a second operation on the sixth day, thus expediting the cure. We think when much fluid is secreted such a plan may be useful, although, in the majority of cases, quite unnecessary when iodine has been used.

A large portion of the work is very properly devoted to the subject of orchitis, an affection which has been much studied of late years, and on the nature of which, and on the treatment proper for it, greater modifications have taken place than on other diseases of the organ. These we alluded to particularly in reviewing, some time ago, Mr. Acton's "Treatise on Venereal Diseases," whose opinions, as well as those of M. Ricord, are pretty freely copied, although the sources are very incidentally mentioned. We cannot agree with the author in thinking, at page 259, that "consecutive orchitis seldom subsides without leaving behind distinct traces of its existence, which never disappear during the remainder of the patient's life." Such an opinion, we think, is neither borne out by the practice of Mr. Curling himself, or that of any modern surgeon. Such effects were formerly very common; at present they would reflect greatly on the medical man's neglect.

We come now, however, under the head of treatment, to speak of a recommendation of the author, which, we think, is not only injudicious, but in direct opposition to his own views on the cause and pathology of orchitis. At page 278, he says, "In the gonorrhœal form of the affection all means which may have been resorted to in order to arrest the discharge must be abandoned." This is an antiquated doctrine revived: surely if the irritation in the urethra extending along the vas deferens is the cause of the orchitis, the treatment should consist in combatting not only the effect but the cause; reasoning dictates such a course, practice corroborates it, and in chronic orchitis we maintain no other plan will succeed. A case is now under our care of affection of one testis which resisted all local means as well as general ones, but is rapidly progressing under the use of the nitrate of silver to remove the irritability of the urethra; and the non-observance of these indications is the reason why some cases linger so long, and yield to neither antiphlogistics or tonics, and we would here observe the passing of bougies, as recommended by some persons, in imitation of Mr. Ramsden, may tend rather to excite irritation than to subdue it, as follows the application of nitrate of silver.

We would likewise warn our readers from following another part of Mr. Curling's treatment, if they wish to secure their patient a rapid recovery. He says, at page 280, "In acute cases, after the bowels have been acted upon, and the pulse has been lowered by tartar emetic, I usually prescribe mercury, and continue it until the gums become slightly affected." Such treatment is neither borne out as necessary by pathology or practice; that it is unnecessary is proved by the large number of recoveries we have witnessed without the administration of a single grain of mercury; that it may often be attended with serious consequences must be apparent to all practical surgeons, who are fully aware that the most serious cases occur in the scrofulous constitutions who bear the operation of the mineral very badly, and are long in recovery from the effects. We can only account for this partiality to the treatment by Mr. Curling, by supposing he may confound some cases of secondary orchitis following gonorrhœa with syphilitic orchitis; for he says, page 321, "Syphilitic inflammation of the testis should be treated for the most part on the same principles as ordinary chronic orchitis." Here we must again join issue with the author; mercury combined with hydriodate of potash is as useful in syphilitic orchitis as it is unnecessary in that following gonorrhœa; the one is a constitutional complaint, the other the result of a simple local inflammation; the period at which they occur, the particular structures they affect, and their treatment, are perfectly distinct, and on this subject Mr. Curling's information seems to be very limited. We cannot, however, discuss the subject further, as we have already exceeded the limits allowed.

We would, however, recommend Mr. Curling's work to the notice of our readers as the best monograph on the subject; it displays a knowledge of all that has been written on the testis, and we think his selections judicious. The price, no doubt occasioned by the wood-cuts, which we have considered unnecessary, will place it out of the reach of the student, and this we regret the more, as we feel convinced had the illustrations been absent, it would have had a much more extensive sale. To those who do not mind giving the best part of a fee for a book we cordially recommend it.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

April 19, 1843.

Dr. Graham, President, in the Chair.

UTERINE DISEASES.

Professor Simpson read a paper, entitled Proposals to advance, in various ways, the Diagnosis and Treatment of Uterine Diseases, by the introduction of instruments into the *Cavity* of the Organ, which, along with other observations on uterine diseases, is in course of publication in this journal.

Dr. S. first pointed out the inadequacy of the functional symptoms attendant upon uterine affections, for specialising the disease that might be present, and pointed out the necessity of having recourse to the physical examination of the organ, in order to make, in any doubtful case, an accurate differential diagnosis between its morbid states. He further showed, that the local examination of the uterus, as hitherto practised (whether by the finger or speculum, or both), seldom enabled us to ascertain the organic condition of more than the cervix and lower part of the body of the organ, whilst the upper part of the body and fundus were generally considered entirely beyond our reach; and the discrimination of any morbid parts lying upon the roof of the vagina was always extremely doubtful. To overcome these and other difficulties in the diagnosis of diseases of the uterus, Dr. Simpson stated that for some time past he had used a uterine sound, or bougie *(metroscope)*, which, in local examinations of the organ, he introduced into its cavity. The instrument he employed was somewhat of the form of a slender male catheter, but made of solid silver, so as to admit of its being easily bent into different required forms, knobbed at its extremity, and graduated on the stem. Dr. Simpson showed that this instrument, when introduced into the uterine cavity, increased to a great degree the power of making a perfect tactile examination of the uterus, by rendering its axis firm and resistant, and by enabling us to change in various ways the *position* of the organ, so as to bring successively the different parts of it, and particularly the body and fundus, within the reach of tactile examination, through the abdominal parietes, rectum, and vagina. He pointed out how by its use we can, in instances of pelvic and hypogastric tumors, detect the connection or non-connection of these tumors with the uterus, and in other cases ascertain the length of the interior of the uterus, and some of the morbid states of its internal surface, cavity, parietes, &c. Lastly, as one of the most important of all its applications, Dr. Simpson demonstrated that the uterine bougie, by showing the *direction* of the uterine cavity, and hence of the uterus itself, and by its enabling us, when it is introduced, to change at will the position of the organ, afforded a simple means of detecting those *displacements* of the unimpregnated uterus, known by the names of retroversion and retroflexion, antiversion and antiflexion — states that Dr. Simpson further showed were very common, and which, from the want of any proper means of diagnosis, had been almost constantly mistaken for fibrous, carcinomatous, and other tumors situated between the uterus and rectum, or between the uterus and bladder.

The remainder of Dr. Simpson's communication was taken up in applying the knowledge of the possibility and safety of introducing instruments into the uterine *cavity* to the treatment of some diseases of that organ.

In cases of retroflexion and antiflexion of the unimpregnated uterus, the organ can with facility be temporarily restored to its normal position and relations by turning the uterine bougie, when used as a means of diagnosis. Dr. S. proposed to maintain and fix the bougie in the uterine cavity for a length of time as a means of cure. He laid before the society a number of utero-vaginal pessaries, which had been used by him for this purpose. They were constructed of nickel and silver wire, and had each attached to them a part which passed up to the fundus uteri. Some of them had been worn for weeks and months in the uterine cavity, and had produced little or no irritation.

Seeing that the uterine cavity could thus easily bear the permanent presence of bodies within it, Dr. S. proposed, in bad cases of procidentia uteri, to add to the common stem and cup-shaped pessaries used in such cases, a short central stalk, passing into the cavity of the cervix, so as to maintain the replaced organ in the cup of the instrument. He showed a very slender nickel wire pessary of this kind, which he had used successfully in an instance of very aggravated procidentia.

Lastly, Dr. S. stated that he had of late applied nitrate of silver, &c., to the lining membrane of the cavity of the uterus, in cases of uterine leucorrhœa, and of dysmenorrhœa, connected with a morbidly sensitive state of portions of the inner surface of the organ (as ascertained by the bougie), and with membranous, sub-inflammatory effusions, in chronic suppression of the menstrual discharge, &c. The results proved, that while *direct* local applications could thus be made with perfect ease and safety to the diseased lining membrane of the uterine cavity, the effects were such as to lead to the hope of a successful issue in some cases of uterine disease, otherwise almost, or indeed totally, unmanageable.

GALLIC ACID IN MENORRHAGIA.

Professor Simpson stated, that for the last year he had employed gallic acid in some cases of menorrhagia with the most successful results. Like all the other remedies directed against that disease, it had also occasionally failed in his hands. Some of the cases which had completely yielded under its use were of an old standing and aggravated description. He gave it during the intervals, as well as during the discharge, in doses of from ten to twenty grains per day made into pills. It had this advantage over most other anti-hæmorrhagic medicines, that it had no constipating effect upon the bowels. He was first induced to use it from finding a case of very obstinate menorrhagia get well under the use of Ruspini's styptic, after many other remedies had utterly failed, and from it being alleged that gallic acid was the active ingredient in that styptic. He suggested whether the anti-hæmorrhagic properties of some of our common astringent drugs may not depend upon the gallic acid as much or more than upon the tannin which they contain, or upon the tannin becoming changed into gallic acid within the body.—*Edinburgh Monthly Journal.*

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

NEWTON BRANCH.

The seventh anniversary meeting of this branch was held at Newton on the 29th of June last. A council meeting was held at eleven o'clock, at the conclusion of which, Dr. Kendrick, of Warrington, the retiring president, resigned the chair to W. J. Wilson, Esq., the senior vice-president, in consequence of the lamented death of the president elect, William Twemlow, Esq., of Northwich. The members present were from

Manchester. — Edward Holme, M.D.; Edmund Lyon, M.D.; R. Baron Howard, M.D.; W. J. Wilson, Esq., Surgeon; Thomas Turner, Esq., Surgeon; William Goodlad, Esq., Surgeon; John Hatton, Esq., Surgeon.

Liverpool.—Thomas Jeffreys, M.D.; R. W. Scott, M.D.; Thomas Eden, Esq., Surgeon; Benjamin Barrow, Esq., Surgeon; J. Armitage Pearson, Esq., Surgeon, Woolton; Hugh Neill, Esq., Surgeon; James T. Vale, Esq., Surgeon, Birkenhead.

Warrington.—James Kendrick, M.D.; John Sharp, Esq., Surgeon; William Hunt, Esq., Surgeon.

Bolton.—John M. Robinson, Esq., Surgeon; George Wolstenholme, Esq., Surgeon.

Thomas Bott, Esq., Surgeon, Bury; Oswald Dicken, Esq., Surgeon, Middleton; John Green, M.D., Newton; Thomas Gaskill, Esq., Surgeon, St. Helens; John Blundell, Esq., Surgeon, St. Helens; William Manley, Esq., Surgeon, Tyldsley; — Hunter, Esq., Assistant-surgeon, 12th Royal Lancers. (*visitor.*)

The president having briefly addressed the members, called upon Mr. Hatton to read the minutes of the proceedings during the past year; after which Dr. Scott read the report of the council. As the report referred almost exclusively to matters of local interest, we omit it.

The ordinary business of the meeting having been completed, Mr. Turner, of Manchester, communicated some observations on Injuries of the Head, in connection with a highly interesting case which occurred in his practice at the Royal Infirmary, and which he illustrated by means of three explanatory drawings; one, taken at the period of the accident first coming under his observation; another during the reparative process; and a third when the cure was completed. After reading the case, which was noted down by Mr. Penny, one of his senior pupils, Mr. Turner commented, at length, on its peculiar features; its uniqueness as to the degree of injury of the skull, without losing its contents,—and on the wonderful reparative powers which nature exhibits in overcoming the effects of accidents, which we might suppose, *à priori*, would be sure to terminate fatally. As the case had excited a good deal of interest amongst the profession at Manchester, and the members of the Association, a wish was expressed that Mr. Turner would make the case, and his observations upon it, more extensively known to the profession, through the medium of the medical press.

Mr. Goodlad related a case, which he illustrated by drawings, of a pendulous tumor, reaching from above the anterior superior spinous process of the ilium to the knees. It attained this enormous size in a comparatively short time, and originated in the spermatic chord. It is believed to be the largest tumor on record, having this origin; and practically important, as its rapid growth and external characters seemed to denote a hœmatodal tendency; though on dissection, after death, the testis was found flattened at the back of the tumor, with its structure uninjured, and no trace of disease was discoverable in any other organ, or in any other texture.

In the conversation that occurred after the relation of this case, Mr. Wilson mentioned that of a patient of his, in whom fungus disease of the orbit had taken place to a considerable extent, but which was completely isolated, and did not communicate with the brain; and, on inspection, no other trace of fungoid disease was found in any texture of the body. Moreover, an additional deposit of bone lined the whole orbit, forming a further barrier to the extension of the disease.

Mr. Neill also related a case of incipient fungoid disease of the eye, in a child eighteen months old, in which an early use of mercurials was had recourse to; the disease, however, advanced, the eyeball enlarged, when suddenly inflammatory action supervened; absorption of the disease took place, the eye became atrophied, and the child has remained perfectly well since then, a period of two years.

Mr. Barrow, of Liverpool, exhibited a very ingenious splint, which he had invented for cases of injuries or diseases of the joints; a detailed account of which he intends shortly to publish.

Mr. Wilson then read his communication (of which the following is an abstract), entitled "An attempt to discriminate those cases of Cancer in the Female Breast, in which an operation affords a fair prospect of success, and those in which no operation is advisable." It may prove interesting to the members of the Association.

Remarks relative to failures, either by return of disease in the part, or by the early supervention of internal affection. From tables by Boyer and Delpech, and also from minutes of cases collected by and occurring in the practice of the author, and the late Mr. Fawdington, in two hundred instances, at all ages, and under all circumstances, the average duration of life, after operation, did not exceed two years.

The author attempted to class cases of cancer in the female breast as they occur, from about the thirty-fifth year to old age, and has placed them in three divisions:—

1st. Scirrhous cancer in the child-bearing female, from about the thirty-fifth to the fiftieth year.

2nd. The virgin woman from forty-five to fifty years, or the married woman who has never had children.

3rd. Class of cases, denominated by the author senile carcinoma, the subjects varying in age from sixty-five to eighty.

With respect to the first class of cases—viz., those occurring in child-bearing women, or during lactation, the author thinks that, provided the disease is well-defined, and consists of a circumscribed tumor, embedded in surrounding healthy parts, where there is no retraction of the nipple, or integumental adhesion, and no glandular affection, an early operation is advisable, and is occasionally of permanent benefit.

A caution is given relative to a possible mistake respecting the deep submammary abscess. Cases of this latter affection have occurred, so closely simulating cancerous tumor, that a puncture alone has declared the real nature of the affection.

The second class of cases appears to the author the least manageable: the tumor in the breast appearing often to consist more in a carcinomatous conversion of the mammary gland than in the formation of scirrhous tumor *per se*. The hardness appears gradually to lose itself in the circumferential sound texture. The uncertainty of an operation, in all cases considerable, is here much greater, as it appears to the author, than in the first class.

A case is related, in which the extirpation of a small circumscribed tumor, unadherent, removed by a single incision, the wound of which healed in a week, was, in six weeks afterwards, followed by the formation of tubera in the skin, around the cicatrix; the appetite quickly failed; the patient became jaundiced, and died in four months. The lungs and liver were, in this case, extensively affected with the scirrhous tuber. This was an instance in which an operation had been looked upon as peculiarly promising success.

In contrast with this, another case is related, in which a cancerous tumor with retracted nipple, the skin on the verge of ulceration, the axillary glands enlarged, was fully removed at the urgent solicitation of the patient, and contrary to the advice and judgment of three competent surgeons. The patient survived eighteen years, and had no return of cancerous disease. This patient was one of three sisters; one had perished from cancer, and the other now survives at eighty years of age, having cancer of both breasts.

In many of these cases the author believes the operation may be a positive evil, but the difficulty of determining in individual instances is great—so great that the most eminent surgeons have differed in their opinions.

The third and last division of cases, or what the author terms senile carcinoma, he believes are rarely the legitimate objects of operation. If the tumor is not disposed to ulcerate, and is not painful, its presence may not materially tend to shorten the duration of life. The author, however, is disposed to think that in some cases an operation may be permissible, if only with a view to avoid the intense suffering and loathsomeness of ulcerated cancer. In many cases there is no return after operation of the external affection, or, at all events, only small tubcrous formations upon the skin, which do not ulcerate, or, if they do, the sores resulting are less offensive to the patient, of smaller extent, and more manageable by treatment.

The paper concludes by a mere glance at the following questions:—

1st, How far is cancer local in its origin?

2nd, At what period in the progress of cancer do neighbouring parts and the system become contaminated?

3rd, Are there really cases of the cancerous diathesis in which the disease appears contemporaneously in different and remote parts of the body?

4th, Do we possess any medicinal agents capable of obviating such a state of the system?

With respect to the three first of these queries, the author expresses a hope that the future researches of animal chemistry, with the aid of the microscope, may determine them; and as to the last, he believes he has seen, in a manner that scarcely permits him to doubt, the progress of cancer retarded, and even suspended for years, by the use of the taraxacum. A few remarks follow upon the preparation of this remedy. The author is desirous of an extensive trial being made of it, and recommends an extract prepared by Gifford, 104, Strand, or a decoction of the fresh root. The extractum taraxaci, as usually prepared, is quite worthless. Dr. Kendrick, of Warrington, has informed the author that the roots taken in the early spring are inert, and that they should be collected in autumn.

Mr. Dicken, of Middleton, related a case where a bell-shaped button was extracted from the right bronchus, through an opening made into the larynx, of which the following is a summary—

A boy, eight and a half years old, on the 23rd of July, 1832, found a cast iron bell-shaped button, which he placed in his mouth, and, during the act of leaping from the main road to the parapet, the body passed into the trachea; immediate and evident temporary suffocation ensued, which recurred at intervals.

Mr. Dicken resorted to various methods for relieving the patient, without effect; and at length he determined upon opening the trachea, having in the mean time had a pair of forceps of peculiar description constructed. He found that the first few times the forceps were introduced through the wound made into the trachea, the convulsive efforts of coughing were immediately brought on, but after a while they entirely subsided; and he was enabled, successfully, to extract the button, after it had been lodged in the right bronchus thirteen days. Some inflammatory symptoms arose after the operation, which, however, readily yielded to treatment, and the boy ultimately perfectly recovered.

The members afterwards dined together, and the usual toasts connected with the Association and the profession generally were proposed, when one of the most interesting meetings the society has held since its formation, terminated.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

YORKSHIRE BRANCH.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In the notice of the proceedings at the annual meeting of the Yorkshire Branch, contained in the last number of your Journal, the name of Mr. Truman is not mentioned among those of the contributors of papers. As the omission, if unnoticed, might appear intentional, and as it may have arisen from the hurried manner in which I was compelled to prepare the report for your Journal, I trust you will excuse me stating that Mr. Truman, of this city, read an interesting paper on the weight of the heart on that occasion.

I am, Gentlemen,
Your obedient servant,
W. D. Husband,
Secretary to the Yorkshire Branch.

York, July 12, 1843.

MINUTE DIRECTIONS FOR THE USE OF DR. MARTIN LYNCH'S VAPOR BATH,

WITH A DESCRIPTION OF AN IMPROVEMENT IN THE STOOL, RENDERING IT MORE PORTABLE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—When I sent you my paper on vapor baths, published in your Journal on the 1st of July, I expected that the cheapness and efficiency of the apparatus contrived by me would, after some time, obtain for it the approbation of our profession; but I did not calculate on the arrival of numerous orders for it from distant parts of England and Ireland within a few days; this rapid demand makes me desirous of supplying some additional information regarding it; a portion of this information was omitted in my former communication, written when I labored under severe illness; the remainder is the result of several experiments subsequently performed.

Spirits of wine will be used to feed the lamp, when the person taking the bath can afford to disregard an increase in the expense to the amount on each occasion of threepence at the utmost; but the working class, and many of the middle classes, being compelled to observe the strictest economy, must employ naphtha for fuel; hence, a few directions for avoiding the disagreeable smell of that substance must be useful.

The lamp should not be charged with naphtha until the boiler is filled with hot water, and the stool and chair placed in their proper position, and, when it is charged, it should be lighted *immediately*, and the bottle of naphtha *instantly* corked. The lamp, when lighted, should, of course, be placed beneath the boiler. Were the lamp permitted to remain unlighted, the naphtha would escape by evaporation. The lighting of the lamp prevents the evaporation, by *consuming* the naphtha in combustion.

The best wick is that made by rolling up the cylindrical wicks of the oxidator library-lamp. I have tried one made of the common thread-wick, but, when it is made so as to *fit* the aperture of the lamp closely, the flame is unnecessarily strong, and, when it is made to fit loosely, it falls into the cavity of the lamp. The unnecessary degree of flame does not give rise to any accidents; the boiler, stand, and lamp, all sustain it without injury, but there is a considerable waste of fuel. The excess of flame would cause the water to boil too violently in any other form of apparatus, but *not in mine;* the current of cool air passing from the feeding hole over the surface of the water prevents this. When the hot water is put into the boiler, and the lamp placed beneath, the cover should be screwed on the feeding hole, and not removed until the apparatus is ready for use, which will be in less than five minutes, but the time varies a little according to the temperature of the water when it is poured into the boiler. When the patient is seated, and the cloak adjusted, the cover is removed from the feeding hole, when the vapor, combined with hot air, issues forth freely. The object of this precaution is to prevent the escape of steam into the room—to bring the apparatus to full work without any diffusion of vapor through the apartment. The patient will know when to undress by feeling the three feet conducting tube (along which the heat steadily progresses during the five minutes), and should take his seat immediately after the issue of steam in very small quantity from the conducting tube.

When the lamp is extinguished, the wick should be laid on a plate, and the plate should be placed on one of the shelves to be found on each side of most grates, so that the naphtha in the wick may be carried up the chimney-flue. The naphtha left in the lamp (if any) should be without delay returned into the bottle.

The precautions regarding naphtha will prevent any escape that would prove injurious or disagreeable.

Since the publication of my former communication, I have contrived an improvement in the stool and hoop, so that they may be conveniently carried in travelling.

The stool should be twenty-four inches wide, by forty-four inches long, and, for travelling, should be equally divided into two parts, in its longest direction. Each part is a foot wide, and forty-four inches long. It is made of thwart-pieces of deal board, a foot wide, laid across two strong pieces of oak or beech, three inches wide, forty-four inches long, and two inches thick. Four legs of oak or beech are fitted into each division of the stool, sockets being cut in the oak or beech for them. The two divisions of the stool are joined together like dining-tables.

In order to pack the stool for travelling, draw out the legs from the sockets (nearly two inches deep), and place the inferior surfaces of the two divisions of the stool in apposition with each other. The pieces of oak lie together, surface upon surface, but between those portions of the deal which are not nailed upon the beech or oak a space or box is included. This box is six inches wide, forty inches long, and four inches deep (from deal to deal). In it can be packed the legs and the iron rods, which I shall presently describe.

Four light iron rods are made so as to screw together, and form an oblong figure, twenty-eight inches wide, and thirty-six inches long. They do not screw together at the angles, which are rounded off, to prevent holes being worn in the cloak. To the side rods (thirty-six inches long) rings are fitted, about four or five inches from the posterior end, in order to tie them by tapes to the side of the chair, and thus maintain the posterior rod at the distance of four inches from the back of the chair, whilst the anterior will lie as far forward as the knees, but above them. The rods have flannel covers.

I omitted to observe above, that the damping of the wick, before lighting the lamp, should be effected by pouring a little naphtha or spirit into a small cup, and placing it on the grate-shelf, or pouring the surplus back into the bottle after the wick has been damped.

In conclusion, allow me to observe that, although patents are every day taken out for contrivances of infinitely less utility, I do not mean to take one, nor have I any pecuniary interest whatsoever in the sale of the apparatus. I have mentioned the names of Morris and Osborn, because they are first class tradesmen in their line, and because they promised me to produce the apparatus of the best workmanship, and at the lowest possible price. I have every reason to believe that they will do so; but, should I be disappointed, I shall do everything in my power to throw the sale into the hands of others, and, I have no doubt, will be assisted in this by the members of the medical profession.

I have the honor to be, Gentlemen,
Yours very faithfully,
MARTIN H. LYNCH.

7, Delahay-street, July 18, 1843.

P.S.—The patient should not place his foot near the orifice of the conveying tube. The orifice should not come quite so far forwards as the centre of the space included between the legs of the chair.

I take this opportunity of correcting a few errata in my former paper. At page 274, col. 1, line 14, for "charges," read *charge;* line 52, for "pulling," read *putting;* col. 2, line 13, for "threel," read *three.*

NAPHTHALINE.

M. Dupasquier, of Lyons, recommends the administration of napthaline in cases of asthma and chronic bronchitis accompanied by great want of power; he directs it to be given in form of syrup or electuary. Fifteen grains of naphthaline, suspended by means of a little boiling alcohol, in four ounces of syrup, is the formula for the first; the second consists of naphthaline mixed up with any appropriate conserve in the proportion of eight grains of the former to half a drachm of the latter, a tablespoonful of which is directed to be given four times in every hour.—*Gaz. des Hôpitaux.*

RETROSPECT OF THE MEDICAL SCIENCES.

SUCCESSFUL TREATMENT OF DIABETES MELLITUS BY THE CARBONATE OF AMMONIA.

Mr. Hodges, in a late number of the "Medical Gazette," relates the following case in which the adoption of the nitrogenising system of treatment completely succeeded in removing the general symptoms of the disease.

May 20, 1843.—Susan C., aged seventeen, a thin delicate-looking girl, resides with her mother, a very poor woman. About two years ago she received a severe fall, which was followed by excessive epistaxis, which, she says, could not be stopped for two days. After the fall, her health, which had previously been good, declined; she lost flesh; the quantity of urine discharged by her gradually increased, and her appetite for meat and drink became most inordinate. She has been repeatedly under treatment without much benefit. She states that the quantity of urine at present amounts to twenty-four pints in twenty-four hours, and that she drinks about the same amount of liquids. She is exceedingly weak and desponding; pulse 90; tongue white at the sides, red in the centre, and moist; abdomen swollen; bowels regular; has occasionally a burning pain in stomach, and almost every month severe attacks of diarrhœa and vomiting. Catamenia have not yet appeared. Her skin is dry and rough, and on her face there is a slight herpetic eruption. Has no cough or uneasiness in chest, except from occasional attacks of palpitation. Has at present no pain in back, or swelling in her limbs, but says that some time ago her legs swelled considerably, and that her left leg is sometimes painful to the touch, and weak. Her thirst is greatest after eating, but during the night it is also severe. Urine has a light straw color, and a smell something resembling sour milk; tastes very sweet; specific gravity 1·030; no deposit on standing; reddens litmus paper; not altered by heat or nitric acid, except that it is rendered slightly pinkish by the latter. When set aside for some days it fermented spontaneously, and emitted a strong alcoholic smell. Sugar in large quantity could easily be procured by simple evaporation from the fresh urine. The girl herself was frequently surprised by observing parts of her dress on which urine had fallen covered with a white powder, sweet to the taste. When first consulted, I prescribed for some days opiates—as Dover's powder, &c.—but without any material effect. Upon reflecting upon the case, it occurred to me that it would be a most suitable one for giving a trial to the nitrogenising plan proposed by Dr. Barlow, of Guy's Hospital, in the valuable Reports of that celebrated charity. I accordingly commenced by prescribing the sesquicarbonate of ammonia in doses of five grains every three hours, with coffee and bacon for breakfast, animal food and cruciferous vegetables for dinner; and directed friction of the skin and warm flannel clothing. After pursuing this treatment for four days, a very marked improvement took place; her urine was diminished to fourteen pints in twenty-four hours, the specific gravity continuing the same. She stated that her health was greatly improved. The ammonia made her very warm, but produced no perspiration. Directed her to take five grains of the sesquicarbonate dissolved in water, every two hours.

April 1. Continues to improve; was able the other day to attend church, the first time for a very long period; has perspired profusely; discharge of urine diminished to eight pints in twenty-four hours; appetite not now troublesome; says she does not feel hungry between meal times; tongue red and clean; has no pain in any part.

3. Ingesta nine pints, urine ten pints, in twenty-four hours. About half an hour before coming to see me had taken her breakfast of bacon and coffee. Tongue red; saliva acid; skin warm. The medicine sickens her considerably; to take it only every third hour.

5. Drink, six pints; urine, eight pints, neutral to litmus; tongue red; pulse 80.

8. Drink, seven pints; urine, eight pints, specific gravity 1·030; tongue red; pulse 86.

13. Drink, five pints; urine, five pints, neutral, specific gravity 1·030; expresses herself better than she has been since her first illness; no swelling in legs, or uneasiness in any part. The urine of this date, when set aside, became like milk very much diluted with water; a creamy-like pellicle formed on its surface; it did not undergo spontaneous fermentation.

16. Drink, three pints; urine, four pints, neutral; tongue red; pulse 90; urine of higher color than since the commencement of treatment, specific gravity reduced to 1·020, has lost its sweet taste, is slightly acid.

21. Drink, two pints; urine, four pints.

29. No relapse; states that she never enjoyed so good health; pulse 80; tongue clean; urine about four pints in twenty-four hours; appetite natural.

June 12. Has gained flesh and color; considers herself quite recovered.

The following statement, relative to the condition of the urine at the time of the last report of the case, is added by the author, which, perhaps, affords less satisfactory evidence of the success of the treatment than the narration of the progressive improvement in the general symptoms, and the patient can scarcely be with propriety called cured.

Results of the action of reagents on the urine of Susan C., April 13.

Ebullition	No change.
Nitric acid	No change.
Muriatic acid	No change.
Sol. oxalate amm.	White troubling.
Sol. nitrate silver	Dense deposit, insoluble in nitric acid.
Sol. potass	No change.
Ammonia	White deposit upon standing for some hours.
Chloride barium	White precipitate.
Specific gravity	1·030.
Litmus	Neutral.
Taste	Sweet.
Color	Pale straw.
Smell	Sour milk.

ON THE MORBID APPEARANCES FOUND IN THE DISSECTIONS OF THE INSANE.

In 50 cases, which I select from my case-book, where the thorax and abdomen were examined, the lungs were diseased in 31.

Adhesion of the pleuræ	in 25
Effusion into „	11
Pneumonia	13
Bronchitis	5
Tubercles and vomicæ	8
Emphysema	3
Gangrene	2
The heart was diseased in	25
Hypertrophy	12
Diseased valves	10
Hypertrophy with dilatation	2
Atrophy with dilatation	3
Fluid in pericardium	4
Flabby	6
Alterations in the liver were observed in	12
Congested in	3
Gall-bladder contracted without bile	2
Gall-stones	5
False membrane on surface	1
Fatty degeneration	1
Granular	1
Disease of the kidneys	19
Disease of the uterus and ovaries	7

I must say, in justice to M. Pinel's theory, that in the majority of the cases the intestines were only partially examined, as I often had to work single-handed, and had not completed my labors when the friends came for the corpse.

The intestines were found diseased in	12
Mucous lining membrane injected in	6
Ulceration in	1
Stricture in	3
Arch of the colon displaced in	2

In concluding the observations I have to make on the examination of the brain of insanity, I have to draw your attention—1st, To the many different morbid appearances which accompany the disease; 2ndly, To the many similar appearances which give rise to its different species, and are found where insanity does not exist; the best proof of which is, that I have been able to illustrate many of the post-mortem alterations by the plates of Dr. Bright and Dr. Carswell.

Now, although we may look to the cortical substance as giving us the most conclusive evidence of variations from healthy structure, yet we are far from being able to say in what the first departure from such healthy structure consists. Do we call it congestion? This is the mere effect of something which has caused previous irritation; we know well how different in their nature the causes are which produce congestion—whether passion, over-exertion of intellect, diseases of the heart and lungs, stomach and intestines, narcotic poisons, &c. It would appear, then, that beyond what morbid anatomy teaches us, there is some change in the brain which, influenced by individual susceptibility, is the primary cause of the various phenomena which we recognise in madness. In this, as in every other disease, morbid anatomy alone cannot guide us in establishing just views of pathology. It is better, perhaps, that such is the case, as it makes us attend more particularly to the symptoms during life, the relief of which is of far greater importance than a correct knowledge of the primary source of the disease.—*Dr. Sutherland in Med. Gaz.*

CONDITION OF THE BLOOD IN ANÆMIA.

In the anæmia which succeeds losses of blood more or less abundant, it may equally happen that the globules alone are found to be diminished; that is the first effect of all hæmorrhages; but if this augments, or is renewed, there soon arrives a moment when the blood comes equally to lose its other principles, and the fibrine and the albumen of the serum are seen to diminish with the globules.

It is thus that in a woman who has suffered very abundant metorrhages, the blood only contains 21 in globules, 1, 8 in fibrine, and 61 in the solid materials of the serum. The water was raised to the enormous cipher of 918.

Anæmia may also be the consequence of certain appreciable modifications of the organism which exercise an influence on the blood. In this case the composition of the blood shows itself the same as in spontaneous anæmia—that is to say, that the globules alone are diminished, whilst the fibrine and the albumen of the serum remain untouched. It is what takes place in women with child, whose blood loses its globules without losing its fibrine.—*Andral's Hématologie.*

CAUSE OF BRUIT DE SOUFFLET IN CASES OF ANÆMIA.

According to M. Andral, the causes capable of giving rise to the anæmial bruit are reducible to the following:—

First, when the globules have diminished sufficiently to be below the cipher 80, the bruit de soufflet exists in the arteries, in a constant manner. I have never found a single exception to this law.

Second, when the globules have remained above the cipher of 80, the bruit de soufflet can again show itself, but it is no longer constant; we continue to hear it often enough when the cipher of the globules oscillates between 80 and 100; it is met with again, but much seldomer, according as the cipher of the globules passes 100, and finally, it is no longer observed when the cipher of the globules is raised above the physiological mean.

Moreover, whatever is otherwise the nature of the disease in which these diminutions of the globules exist, the bruit de soufflet of the carotids does not show itself the less; I have proved its existence in the most different cases, putrid fevers, eruptive fevers, pneumonias, acute articular rheumatism, and in a great number of chronic diseases. But in all these cases it only took place with the ciphers of the globules marked above.

The bruit de soufflet is often present in women with child, which is in relation with the frequent diminution which the globules undergoes in them.—*Ibid.*

PHYSICAL CONDITION OF THE BLOOD IN PLETHORA.

The physical properties of this blood are perfectly explained by the nature of the changes which its composition has undergone. Thus, before coagulation, the blood in plethora is remarkable for its deep coloring, which is referable to the great proportion of the globules which it contains. When it is examined after coagulation, the serum is generally observed to be more or less colored, the clot is large, voluminous, of moderate firmness, and contains much serum; a buffy coat is never found on its surface; at most we are able to observe occasionally a thin and transparent pellicle, or some scattered rays, if the blood have flowed very rapidly from the vein. The considerable size of the clot manifestly depends on the great number of the globules, and its softness, as well as the constant absence of the buff, depends on the weak proportion of the fibrine relatively to that of the globules.

The superabundance of the red globules coincides in them with a certain modification of the physiological state, and thus, with a certain number of pathological facts which appear to be a consequence of it. Thus, all the functions are generally more active, and there is a superabundance of life; digestion is quickly performed; respiration is favored by the great development of the thoracic cavity; the circulation is rapid; the heart beats with force; but it is wrong to admit, as has been done, that in like cases its beatings may be accompanied with a *bruit de soufflet*. I have advanced this opinion myself, but more attentive and longer observation has convinced me that it was never so, and that, consequently, in cases where a *bruit de soufflet* in the heart or arteries has been observed in plethoric people, it was because the diagnosis was badly founded, and because, besides the plethora, there was another disease.

Individuals whose blood contains a superabundance of red globules are subject to some special accidents, of which hitherto a very satisfactory explanation has been given. Thus the vertigos, dimness of sight, noise in the ears, heat in the head, which they experience, have been explained by congestions of the blood to the brain; but these congestions have never been, in similar circumstances, anatomically stated, and the passage alone of a superabundant quantity of globules across the vessels of the encephalon appears to me a circumstance sufficient to account for it; but what is strange is, that if it happens, on the other hand, that globules in too small number traverse these same vessels, analogous accidents will yet present themselves, so that a quantity of globules, either too great or too small, trouble certain cerebral acts in the same manner.—*Andral's Hématologie.*

CAUSTIC PASTE OF THE SULPHATE OF COPPER.

M. Payan has introduced under this name a new preparation, composed of sulphate of copper reduced to powder, and formed into a paste by the addition of yolk of egg. He directs the paste to be spread upon pieces of linen, in size according to the extent of surface to which it is to be applied. In about four hours the caustic effect is observed, and the paste is then to be removed. The chief value of the preparation consists in its not producing a subsequent scar, and M. Payan, therefore, recommends its use when it is required to apply a caustic to any part of the skin habitually uncovered.—*L'Experience.*

TREATMENT OF CHRONIC HYDROCEPHALUS BY COMPRESSION.

The following case is related by Dr. Hirsch Konigsberg:—A child, aged eleven months,, was the subject of chronic hydrocephalus; the inferior extremities had become paralytic, the head was large, the fontanelles wide, and all the sutures of the skull so open that the finger could be placed between them. Quinine was administered in combination with digitalis and sweet spirits of nitre, and mercurial frictions to the head, which latter was subsequently surrounded by starched bandages, which were twice reapplied during the treatment of this case, and, in a few months, the fontanelles had closed, the skull ossified, and the child began to walk about and to speak.—*Gazette Médicale.*

TREATMENT OF VARICOSE VEINS.

M. Moulinie recommends the following method of operating for the cure of varicose veins, as not being attended with the bad results that not unfrequently succeed to other similar operations:—

"A fold of the skin is taken up in a direction parallel to that of the vein, and at some distance above the varicose part, an incision is then made across this fold down to the cellular tissue around the vein, disturbing the part by dissection as little as possible. An eye-probe, armed with a silk or fine thread, is then passed under the vein, and the latter is then tied. An incision is often made across the vein, a little above the ligature, for the purpose of preventing any inflammation of the vein spreading by continuity along it. The skin is then brought together by strapping, in order to protect the vein from the contact of air as completely as possible.—*Moulinie—Du Bonheur en Chirurgie, &c.*

NEPETA CATARIA.

Dr. Guastamacchia, in the "Filiatre Sebezio,"recommends the above-named plant as a certain remedy for tooth-ache, whether produced by the action of cold or by caries. The leaves of the plant are directed to be placed between the affected tooth and the opposite one; a copious discharge of saliva, and the removal in two or three minutes of the most violent pain, are said to result.

PROGNOSIS IN CASES OF UTERINE HÆMORRHAGE.

Where recovery is to take place after uterine hæmorrhage, says D. M. Hall, the pallor of the countenance, the disposition to syncope, the coldness of the extremities, the feeble state of the pulse, and interrupted respiration, pass gradually away. Where the case is to terminate fatally, the symptoms gradually assume a more alarming aspect, the countenance becomes pale and sunk, the respiration stertorous, and the pulse cannot be felt at the wrist. There is great restlessness, and before death one or more fits of convulsions sometimes occur. Where recovery takes place in some women, it is astonishing how little permanent inconvenience is felt from the great loss of blood which they have sustained. In the course of ten days or a fortnight the effects have entirely disappeared; and this is the most common result. In some women, a violent determination of blood takes place to the brain, marked by heat, strong pulsations of the carotid and temporal arteries, intolerance of light, and all the symptoms of inflammation of the brain or its membranes. A strong febrile attack is also sometimes experienced without an increased determination of blood to any particular organ. These affections of the brain and nervous system are aggravated by depletion. The patient should be kept in a cool, dark room, and mild cathartics, anodynes, and antispasmodics, occasionally given. Where there is much headache and throbbing, a few leeches should be applied to the temples, and a cold lotion to the scalp.—*Dr. Lee.*

DEFECTIVE NUTRITION IN HYSTERIA.

There are many indications in the hysterical constitution to show that general nutrition is defective. We observe a general want of tone throughout the whole system; great laxity and softness of the tissues; the functions are carried on sluggishly and irregularly; many of the secretions are deranged; the biliary system does not act freely; the urine is frequently copious and limpid, and clear as water, of specific gravity very little above that of water—a symptom which Sydenham regarded as pathognomonic—or it is scanty, loaded with lithates, and often depositing red sand in considerable quantity. The power of the patient to maintain an uniform temperature is greatly impaired, and her heart either speedily sinks below the proper standard, or quickly rises above it, in accordance with the state of the surrounding atmosphere.—*Dr. Todd.*

VALUE OF ANTIMONY IN THE TREATMENT OF MANIA.

The employment of antimony in the treatment of mania is of the highest value. A fourth of a grain of the potassio-tartrate may be given every fourth hour, or at the commencement of the paroxysms of furor. It is powerful as a means of controlling the action of the heart and arteries. In many cases in which I have given it, it has acted like a charm in instantly subduing the excitement and violence of the patient; and in some cases I have traced an alteration in the symptoms for the better from the commencement of its administration.—*Dr. Sutherland.*

COLLEGIATE ESTABLISHMENT FOR MEDICAL STUDENTS, BIRMINGHAM.

The collegiate building in connection with the Birmingham Royal School of Medicine and Surgery is nearly completed, with residence for warden. Through the munificence of the Rev. Dr. Warneford, and noble patrons, the council calculate that they shall be enabled to provide for the board, lodging, and tutelary care of thirty students, at a sum under £50 per annum each. The management will be vested in the hands of the warden, a clergyman of the Church of England, graduated at Oxford or Cambridge, who, to that office, will unite the watchfulness of the master of a family, the ministry of the pastor, the guardianship of the parent, and the character of a friend. Dinner will be provided in the common hall, and for other meals commons will be dispensed. In virtue of their benefactions, the Earls of Stamford and Warrington, Dartmouth, Bradford, Howe, Lord Calthorpe, the Rev. Chancellor Law, the Rev. Vaughan Thomas, will enjoy annually the privilege of nominating a scholar, who will have preference of chambers, with diminution of rent.—*Aris's Birmingham Gazette.*

OBITUARY.

The founder of homœopathy, Samuel Christian Frederic Hahneman, died at Paris on the 4th ultimo. He was eighty-seven years of age.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Mr. Andrews has been elected president, Sir B. Brodie and Mr. S. Cooper vice-presidents, for the ensuing year.

Members admitted Friday, July 14, 1843.

T. Marshall, M. S. Scanlan, J. W. Davies, E. H. Bell, T. W. Nicholls, T. Kerry, M. F. Manifold, T. G. Tebay, J. F. Fegan.

BOOKS RECEIVED.

Some Account of the African Remittent Fever, which occurred on board her Majesty's ship Wilberforce, in the River Niger, &c. By Morris Pritchett, M.D. London: Churchill, 1843. 8vo. pp. 184.

Scarlatina, and its Treatment on Homœopathic Principles. By Jos. Belluomini, M.D. London: Baillière, 1843. 8vo. pp. 32.

The British Journal of Homœopathy, No. 3.

Facts and Observations relating to the Administration of Medical Relief to the Sick Poor in England and Wales. London: Manning, 1843. 8vo. pp. 32.

The Dangers of the Water-cure, and its Efficacy examined, &c.; with Cases treated at Malvern, and a Prospectus. By Dr. Wilson and Dr. Gully. London: Cunningham, 1843. 8vo. pp. 186.

TO CORRESPONDENTS.

The paper containing an account of the inquest at *Bath* has been received. The proceedings connected with this unfortunate transaction are so little creditable to the professional persons engaged in it, that we shall not allude to the subject. Nothing is more detrimental to the respectability of the profession than these unseemly and ungentlemanlike squabbles.

Dr. Pritchard's case of transfusion has been received, and shall appear in our next Number.

We have also to acknowledge the receipt of communications from *Mr. Ley*, on a case of tetanus treated with Indian hemp; from *Mr. Berncastle*, on a case of sudden death; from *Mr. Toogood*, Bridgwater; and *Dr. Tomkins*, Yeovil.

Gentlemen desirous of having the "Provincial Medical Journal," forwarded to them by post, may send a post-office order to the Publisher, 356, *Strand, London.*

JOURNALS AND BOOKS FOR REVIEW TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND.
LETTERS AND COMMUNICATIONS, TO DR. HENNIS GREEN, 58, MARGARET STREET, CAVENDISH
SQUARE, LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION,
TO DR. STREETEN, WORCESTER.

Printed by SAMUEL TAYLOR, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand;
and Published by HENRY RENSHAW, at his residence, No. 356, Strand.—Saturday, July 22, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 148.] LONDON, SATURDAY, JULY 29, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CLINICAL LECTURES

DELIVERED AT THE

METROPOLITAN FREE HOSPITAL

BY MR. BENNETT LUCAS,

Senior Surgeon to the Institution, Lecturer on Surgery at the Aldersgate-street School of Medicine, &c.

Lecture X.—April 21, 1843.

Gentlemen,—When I last had the pleasure of addressing you, we were engaged in the consideration of the third stage of gonorrhœa, or that of gleet, and I endeavoured to impress upon you the great advantage you will derive, in the treatment of this obstinate affection, by making yourselves, as soon as possible, acquainted with the condition of the urethra. You may adopt one of two methods to ascertain this; the first, and the best, is by the introduction of a bougie, of which I have already spoken; the second is less satisfactory, but, notwithstanding, may be had recourse to either in conjunction with the bougie, or when our patient obstinately refuses the introduction of that instrument. I allude to pressure made with the finger along the urethra, first along its pendulous portion, next in the perineum, and lastly, with the fore-finger in the rectum. If pressure, applied in this way, gives uneasiness or slight pain to the patient at any particular part of the urethra, it will be desirable to take blood, either by opening the dorsal vein, by leeches to the part, or by cupping in the perineum; to keep the bowels open by castor oil, electuary of senna, or some mild aperient of a similar kind, and to have recourse to the warm bath. You will also find it advantageous to administer every night, or every other night, some Dover's powder in due doses. This plan of treatment you should only persevere in as long as the urethra is pained upon pressure, or when the pain or uneasiness is increased, or remains undiminished after the bougie has been introduced. When irritability and pain are not present, these remedies will be worse than useless. Our great object, when a discharge from the urethra has become chronic, is to subdue the inflammatory condition of the canal, if such exist. Sometimes the mere introduction of a bougie accomplishes this; how it does so, it is difficult to explain, but sometimes it certainly does. For instance, on introducing the bougie, the patient will complain of great pain, and at the end of a few days all pain and discharge will be at an end; in short, he will be cured; but this happy termination is, as I have already remarked to you, of rare occurrence. If, upon examining the urethra, no pain be given, although the characteristic discharge of gleet be present, you should dispense with the remedies I have just spoken of, and have recourse to those which are calculated to check the discharge. Of these, I have no hesitation in saying injections hold the foremost place, but they are to be very differently applied from the manner in which I have recommended you to use them in the treatment of the first stage of gonorrhœa, and they are also to be used of a very different strength. You are, of course, aware—at least I presume most of you are—that a great outcry has existed, and still exists, against the use of injections in any stage of gonorrhœa. I believe the fears entertained of the use of these valuable remedies have arisen, in some instances, from their abuse, and in others, from erroneously attributing to them the evil effects induced by other causes; but it is right to remark to you that the prejudice against their use is one which exists rather in the minds of the non-medical public than of the profession, although I am aware that some of its members entertain very strong —I will not say prejudiced—objections against them. It is common to hear a patient, who applies to us for stricture of the urethra—permanent stricture—attribute all his distressing symptoms to injections which he had used, perhaps some years ago, for a gonorrhœa, forgetful altogether of the neglected discharge from the urethra, under which he had suffered for months, or perhaps for years, and in which, no doubt, the contracted state of the canal had its origin; when, had this man used injections of a proper strength, and at a proper time, and in a proper manner, his discharge, in all human probability, would have been speedily arrested, and the stricture have been prevented. It is the subacute inflammatory action, which we know accompanies the third stage of gonorrhœa, being allowed to continue a length of time unheeded, that lays the foundation of all the evil train of consequences which are absurdly attributed to the use of injections; and if I remind you that the symptoms in this stage of gonorrhœa occasion but little inconvenience to a patient, and that, in consequence, he pursues his customary indulgences, with no friendly monitors, in the shape of chordee, to arrest his sexual desires, or severe scalding, to check his after dinner libations, the true reasons why the discharge continues, in spite of all our remedies, become apparent, and why interstitial deposits take place in the urethral submucous tissue, giving rise to the variety of shapes which permanent strictures assume.

At the onset of gonorrhœa, you may recollect I advised you to have recourse to a strong solution of nitrate of silver for an injection; but, in doing so, to be first satisfied that scalding to any great degree did not exist, nor any other symptom of very active inflammation of the parts. Now, in the stage of gleet the mildest injections should be used in the first instance, and, if necessary, should be gradually increased in strength, observing the utmost caution that their use should not give pain to the patient. Injections in these very opposite stages of gonorrhœa should be employed with very opposite intentions. In the first we use them to cut short the specific inflammation, by substituting another, and perhaps a severer one, but of a description which Nature herself either gets rid of in a few days, or which, if she does not, is most amenable to the ordinary rules of treatment. In the second, we employ them to restore the healthy action of a mucous membrane, which has for months, or longer, as the case may be, suffered from a chronic or subacute inflammation, yielding as its product a specific secretion, which, although it gives but little inconvenience beyond its filth, is capable of infecting a healthy urethra with gonorrhœa in its severest form. In the first, moreover, it is admitted upon all hands that at most but the two anterior inches of the urethra are affected, although I myself believe that the inflammation in the first instance is confined to the lacuna magna and its vicinity; but in the second there is no saying to what extent the urethra is affected. Hence, in the former we use a powerful injection; we limit its effects to a certain part of the urethra, and employ it but twice, or at most three times; but in the latter we use a mild one; we inject it frequently in the twenty-four hours, and are anxious that all the affected urethra should feel its influence.

You may have observed me to recommend various kinds of injections in this institution in the treatment of the third stage of gonorrhœa, and in some cases to have merely prescribed the *injectio aquæ puræ*. In the use of this latter simple and often valuable injection it is necessary to keep the patient ignorant of what it is, for most likely, did he know that it was only water, he would empty the contents of his bottle in the street as soon as he had left us, unless he had been initiated into the mysteries of Priessnitz and his followers, when his faith in the remedy would doubtlessly be very great. The injection I have certainly found most beneficial in the treatment of this stage of gonorrhœa is one composed simply of alum and distilled water, in the proportion of from two grains to five grains to the ounce of water. The acetate of zinc I have found the next in efficacy in the proportion of two or three grains to the ounce of water. The acetate of lead is a common injection, and has long been a favorite with many practitioners; but I must say we have been disappointed with its use in this hospital. In the female it is most efficacious, but in the male it is very inefficient. The nitrate of silver injection in this stage of the disease I have given up altogether, and also mercurial injections. Indeed, these latter have had their advocates only in those who support the identity of gonorrhœa and syphilis, a theory which is now all but exploded. There are a variety of other injections which have been recommended from time to time, but they all appear to depend for their efficacy upon their astringency; amongst others, port wine and water and claret and water I have used with the best success in private practice. I can also add my testimony to the value of the following injection, recommended by M. Riccrd:

Port wine, six ounces;
Tannin, eighteen grains. Mix.

And which I find is also strongly recommended by Mr. Langston Parker in his valuable little work on Syphilitic Diseases.

You must not suppose, when I say I look upon the alum injection as the best, that I recommend it to the exclusion of the others; on the contrary, if it does not answer its intention in a week or so, you should change it for another, say the acetate of zinc, and if this does not answer, it is best to have recourse to a third, or to fall back again upon the solution of alum. It is a curious fact that one local application will succeed when another will not in apparently similar cases, and it is equally interesting that when an injection does not stop the discharge, by suspending its use for a few days, and having recourse to it again, it will answer our intentions. The same thing, however, occurs with all our local applications in surgery—in strumous ophthalmia, for instance—in ulcers of various kinds, in the healing of sinuses, and so on.

I have hitherto, Gentlemen, been speaking of the treatment of gonorrhœa in its third stage, after all pain and irritation have been subdued; the discharges from the urethra, which depend upon irritation of certain parts of the canal unconnected with the gonorrhœal virus, which depend upon diseases of the bladder, prostate gland, and testicle; or which are found sometimes to accompany gout or rheumatism in the adult; or which are incidental to some of the diseases of children of both sexes, are very different matters. And I mention this to you at present, lest it might be supposed that I have carelessly passed over other local remedies which are of high value in some of these cases, but which are here inadmissible.

It remains for me now, Gentlemen, to make a few observations on some other remedies given internally in the treatment of this disease, and which are of the utmost value; of these, the preparations of iron hold the foremost place. The muriated tincture of iron is a favorite remedy with us here, in the proportions of from twenty to forty or fifty drops three times a-day in a glass of cold water. You have had daily opportunities of witnessing its good effects in this institution. The following pill, taken three times a-day, is a good formula for administering the sulphate of zinc, which is also a good medicine :—

Sulphate of zinc, two grains;
Extract of gentian, three grains. Mix.

You had an opportunity of witnessing its good effects in the case of H. M., which I quoted in my last lecture.

You will find the sulphate of quinine a good medicine in cases where the discharge is not constantly present, where it is absent for a day or two, and then returns.

The preparations of iodine are constantly administered here, either alone or in combination, particularly if the patient be of a scrofulous habit. Your own judgment will determine the propriety of administering these medicines in the respective cases and the regulation of their doses.

I must not pass over the great benefit to be derived in the treatment of gleet from the use of the cold bath. I have known cases, which have resisted every kind of treatment for many months, be almost instantaneously cured by the use of the plunge bath. In employing this remedy, the object should be to give a shock to the system; not to allow the patient to creep into the bath, to dabble in it for ten or fifteen minutes, and then to creep out again, and take fifteen minutes more to dry himself; but to plunge in, to get out again as quickly as possible, and to dry the body well with a coarse towel. Change of air, Gentlemen, when your patient can afford it, is no inconsiderable adjuvant to all our remedial agents.

SUCCESSFUL CASE OF TRANSFUSION OF BLOOD.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—A desire having been expressed by a correspondent, in the last Number of your Journal, that the particulars of a case mentioned at the Medical Association for Bath and Bristol, in which transfusion of blood was practised, should be published, I think it right to comply with that wish, and shall do it in as few words as possible.

The patient alluded to is a mercantile man, who had been in the habit of travelling in pursuit of his commercial business. He had been a strong, active man, and had lived as persons of his vocation generally do, but more temperately than many. When I saw him first, on the 11th of January, 1834, he had been upwards of two years an invalid, and had been under the care of Mr. Henry Clark, one of the surgeons of the Bristol Infirmary—a medical practitioner of great skill in this city. For some short time he had also been visited by Dr. Riley, and by these gentlemen I was called to see the patient. His early complaints had been of dyspeptic symptoms. These were followed by emaciation and loss of strength. His actual state was that of extreme inanition,; his pulse was feeble, jerking, very compressible, the calibre of the artery apparently not filled; he had palpitation of the heart, increased by the slightest exertion, while any effort brought on an approach to syncope. No disease was discoverable by the sounds of the heart or respiratory organs, though some suspicion was entertained of slight dilatation.

The state of the urine alone threw some light on the nature of the disease. It had long deposited a very copious sediment, of a whitish color, slightly tinged with purple, which was redissolved by dilution, with the addition of an alkali. It appeared to consist of lithates, with some chyle; and it was thought probable by the medical gentleman who had previously attended the patient, and by myself at our first meeting, that an exhausted and exsanguineous state, brought on by a long continued draining of the system, constituted the principal disease, or at least that which first required attention. Under these circumstances, it was determined to try a restorative and repletive plan. A nourishing diet was ordered, with malt liquor and some other stimulants. His stomach would receive but little, and at length rejected food. His exhaustion increased to that degree that immediate fatal syncope was threatened. We determined, the patient being obviously *in extremis*, to try the effect of transfusion, and as patients under cholera had borne the injection of large quantities of fluid, there seemed to be no danger in injecting a considerable quantity of blood. Sixteen ounces were taken from the veins of a hale young man, a servant of the patient, and were injected most skilfully by Mr. Clark. The patient was immediately revived and roused. On the following day he appeared much stronger, but complained of some sense of fulness about his head, and a few drops of blood escaped several times from his nostrils. This subsided; his appetite became good, and he ate plentiful meals of meat, and drank porter, &c. He gradually recovered his strength. The urine improved under the use of alkalies with lime-water, and these were nearly all the remedies used except a few bottles of an effervescing solution of citrate of iron. After two or three months he left his chamber, and then his house, and I understand he is now travelling on commercial business.

I think it may be inferred from the facts of this case that many lives may be saved by injecting good blood into the veins of exhausted patients, and, perhaps, this measure may become hereafter as important a remedial measure as the detraction of blood has been since the time of Hippocrates.

I am, Gentlemen,
Your obedient servant,
J. C. Prichard, M.D., F.R.S., M.R.I.A.,
Corresponding Member of the Institute of France, and of the Royal Academy of Medicine, &c.

Bristol, July 18, 1843.

A CASE OF GOUT,
IN WHICH THE WATER-CURE WAS FOLLOWED BY DISEASED HEART, DROPSY, AND DEATH.

By Charles Hastings, M.D., F.G.S.

There exists no doubt in my mind that one great cause of the spurious celebrity of the Silesian peasant, Priessnitz, is that he has cunningly succeeded in turning the love of the marvellous, which is known to be a principle inherent in the human breast, to his own selfish ends. Every unprejudiced account which we receive from Graefenburgh confirms this opinion, by showing that there is little faith to be placed in the reputed cures there performed.

The cures said to be effected by the hydropathists are as wonderful as those of Prince Hohenlohe, and somewhat of the same faith which distinguished his disciples animates the hydro-maniacs.

Dr. Pfeufer, directing physician of the Universal Hospital at Bamberg, thus describes the scene of operation of this princely priest, and the rush of the infatuated sufferers from disease to his presence:—"Let us (he says) then imagine thousands and thousands of human beings under such circumstances, to each of whom every day brings new sufferings, new despondence, and who have but one wish remaining—release by death from their nameless pangs. Electrified by the news that at Bamberg and Würzburg there is help and salvation for them through the grace of God, a new life glows within them, and already they feel the term of their misery. With the same longing as that of the leper for the pool of Bethesda, they hurry to the place where all grief vanishes, and where the stream of health and deliverance flows. In ever increasing expectation, and with breasts full of hope, wholly occupied in anticipating the enjoyment of re-established health, dead to every other thought, they approach the scene of healing grace. At every step are announced to them the great wonders that take place there every minute. Scarcely arrived at the place of deliverance, they throw themselves at the foot of the altar, confess their sins, and, reconciled and united with God, hasten to the chosen priest. All the streets they find filled; with great trouble and anxious palpitation they reach their desired residence. Some one carries on his back an old woman into the house; she has been, says report, from her childhood crooked, and unable to stand or walk. A few minutes pass away, the door of the Prince's dwelling opens, and the same woman walks without support out of the house, thanking and praising the Lord God. Every one presses around her; each one will with his own eyes, and from herself, learn what has happened to her. Man lives for the present time; of the past nobody has time to think; no one, therefore, concerns himself about the former situation of the person cured. Often, also, he who is not lucky enough to see or speak with her, still asserts, in order to please the crowd, and to appear of some consequence, that, with his own eyes and ears, he has convinced himself. For who is not gratified in being the bearer of wonderful news? And now, in an incredibly short time, the new miracle spreads through town and country; each narrator vies with the other. If the cured person limped at first, he is soon dead lame, and soon after sees him struggling with death; and the story becomes more interesting, and the narrator more consequential in proportion, as he is more skilful in tale-telling."*

It is not impossible that the system here described may take place in a greater or less degree in the hydropathic establishments in these kingdoms. Patients who have scarcely any real illness may be puffed off as having been released from grievous suffering; and if, perchance, any persons are just temporarily bettered by the aid of hope, imagination, and pure air, these cases may be magnified into important cures, and the future history of the invalid may be wholly lost sight of. Such, at least as far as I have had an opportunity of judging, has been the system pursued by the Malvern water-doctor. He has given to the world, though the medium of the press, as I am credibly informed, several important cures wrought at this salubrious village by the efficacy of the system of Priessnitz. One of these *cures* has happened to fall under my immediate observation, and, as I am desirous that *the truth, the whole truth, and nothing but the truth*, should be published concerning hydropathy, I will narrate the history of it.

Mr. Probert, aged sixty-five, called upon me on the 11th of February, 1843. He told me that he had been for several years subject to attacks of gout, but in the intervals had been in tolerable health. He further stated, that he was attacked severely with gout the beginning of January, 1842, and remained ill with it for several months; but that in the month of July he was slowly recovering, and was enabled to get about a little. Some time in that month the water-doctor, who had lately arrived at Malvern, called upon him, and said that he could cure him in a fortnight, and, if he did not succeed, he would forfeit one hundred pounds. The poor fellow was delighted with the prospect of restoration to health, which had been denied to him for so many years, and, after a little consideration, consented to submit to the treatment. He was accordingly put under the feather bed and blankets for an hour or two, and when the perspiration came on he jumped into a cold shallow bath, and remained in it five minutes, and then walked about and drank water. This he did every day for six weeks. After this the gout left him, and he has not had it since; but his breath, which had been indifferent for several months previously, has ever since been much worse, and within the last two months has been so bad that he can scarcely move about. Within the last week his legs have swollen, and he is not able to lie down at night.

The action of the heart is much diffused, and the impulse is great, with a *bruit*.

I directed him to have a dozen leeches applied to the region of the heart, and afterwards a blister to the same part. He had also to take a pill of calomel, digitalis, and squill, three times a-day.

On the 20th of March I again saw him, and the dropsical symptoms had disappeared, and he was rather better. As, however, the disease did not materially decline, he was, early in April, received into the Worcester Infirmary, and was then affected with general anasarca, urgent dyspnœa, and tumultuous action of the heart.

He obtained some relief from active doses of elaterium, but did not on the whole derive much benefit, and, as it was evident that the mischief which had been produced in the chest could not be removed by medicines, he was discharged from the infirmary.

After this he fell under the care of Mr. Addison, of Malvern, where he died in the month of June. Mr. Addison thus writes, in transmitting to me the report of the post-mortem examination:—

"I visited Probert several times before his death, and found him suffering greatly from general dropsy. His extremities were much swollen, and his respiration very difficult; he could not lie down, and during the last two or three days of his illness he was attacked with violent spasmodic paroxysms in the muscles of the arms, legs, and face, during which he cried out loudly from the acuteness of the pain. I do not remember to have ever witnessed so much suffering from spasms of this kind in cases of a similar description. I examined the body after death.

"The cellular membrane was everywhere distended with a yellow serous fluid.

"The lungs were crepitant, and the sections which I made swam in water, still the tissue was at all points loaded with a serous fluid.

"The liver was not enlarged, but it was very pale and indurated. There was no great quantity of fluid in the abdomen, and the rest of the viscera in this region appeared healthy.

"The heart was nearly double the normal standard for persons of Probert's size, and the walls were in some degree hypertrophied. I examined this organ minutely, but I could not discover any ossific deposit in any portion of its structures, but there were several patches of coagulable lymph, or fibrinous exudation, on the surface. The pericardium contained more than a pint and a half of serum.

"June 28, 1843." "William Addison.

REMARKS.

The cure of gout by the water system is not novel. It has been repeatedly tried at different epochs of medical science, but has never, for any length of time, been enabled to maintain its credit as a *safe* mode of treatment. Within our own time, Dr. Kinglake attempted to bring this treatment forward as eminently successful. Serious and even fatal results were found occasionally to follow its adoption, and his plan never received the sanction of the profession. Gout is a disease of so migratory a nature, and yet so essentially constitutional, that you can never say, when it disappears in one part of the system, whether it may not show itself in some other organ. It is well known that, in some broken down constitutions, gout is never altogether absent from the system; and experience has taught us that in such cases the functions of the vital organs are better performed whilst the gouty action is showing itself in the extremities, and there is nothing in such a state of system which a prudent physician so much dreads as the sudden and entire disappearance of gout from the extremities. Probert's was just such a case. He had been an ailing man for years, and had been occasionally subject to attacks of gout in the limbs, which he considered were always followed by an improved state of general health. What does the water-doctor do in such a case? He comes and proffers his assistance, and actually forces his nostrum on the poor, unhappy sufferer! The gout, in consequence, disappears from the joints, and from that time forward his breath becomes affected. The gouty action is driven from the extremities, but it fixes on the tissue of the heart and pericardium, from whence it cannot afterwards be dislodged, and death at length releases him from suffering.

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* Ed. Med. and Surg. Journ., Vol. XXV, p. 275.

Dr. James Johnson, in writing on this subject, justly observes, "There are certain classes of maladies—for instance, gout, rheumatism, rheumatic gout, tic douloureux, &c.—which, though thoroughly constitutional, and whose *causes* have been years accumulating, are yet of a migratory nature, suddenly shifting their seat from a vital to an unimportant organ, and *vice versâ*, from a foot or a wrist to the stomach or heart. Now, it is an undoubted fact, that when a translation or metastasis of a chronic or subacute affection, as of gout or rheumatism, suddenly takes place from the exterior of the body, whether spontaneously or from the force of medicine, the malady takes up its seat in some internal organ; but as the internal organs—as the heart, liver, brain, &c.—are not naturally sensitive of pain, the metastasis is very often taken for a cure, and the malady preys for a long time on a vital part, without suspicion, until it reaches a certain height, when the disease reveals itself unequivocally, by pain and suffering, but is now totally beyond the power of art! Nature will not be cozened by the ingenuity of man. For a long time she counteracts the deleterious effects of morbific causes, whether applied by ourselves, or unavoidably occurring, and guards vital organs by throwing the onus on external parts, as is familiarly exemplified by gout. But when we thwart these salutary efforts of Dame Nature, by violently repelling the pain, inflammation, stiffness, or swelling from the hands and feet, by cold applications, heroic doses of colchicum, &c., then we lay the foundation, directly or remotely, for serious or even fatal maladies of some of the internal viscera! In this drama HYDROPATHY is now playing an important part, and we are now almost in the daily habit of seeing the precious fruits of the 'water-cure' in the shapes of furuncles, carbuncles, dropsy, and hypertrophy of the heart," &c.

Further comment on the case of Probert seems unnecessary; but I may point out to the reader that this victim of the rash and absurd water-system had been known at Malvern as a gouty subject for several years, and there appeared, on the arrival of the water-doctor, no reason why he might not have continued in the same condition for as many more, if it had not, unfortunately for him, so turned out that the disciples of the Silesian peasant determined on making him one of their victims; but, instead of prolonging his days to upwards of one hundred years, which their system promised, they forced him to shuffle off his mortal coil in a few months, and made the grave his resting-place.

Worcester, July 22, 1843.

CASE
OF
HEMATOCELE OF THE SPERMATIC CORD.

By T. P. Teale, Esq.,
Surgeon to the Leeds Infirmary.

On the 17th of March, 1843, my attendance was requested in consultation with Dr. Bampfylde, of the 32nd Regt., and Mr. Sharpe, of Leeds, on the case of Captain W——, who, fourteen days before, had been thrown with great violence against the splashboard of his gig, in consequence of his horse falling. The great force of the concussion was expended upon the lower part of the abdomen and groin on the right side. On his arrival at home these parts appeared to have been severely contused, and were much discolored and swollen. After a few days, when the general tumefaction had somewhat abated, it was ascertained that a firm cylindrical swelling occupied the inguinal canal, and projected to a considerable extent below the external ring. A suspicion existed that the swelling might be an omental hernia:

When I first saw the patient, fourteen days after the accident, the lower part of the abdomen and the right thigh and scrotum exhibited extensive livid discolorations, but were free from swelling, except at the inguinal canal and upper part of the scrotum, where a tumor was observed occupying the whole length of the canal, and forming a projection below it of the size of a hen's egg. The tumor was very firm and elastic, insensible to pressure, and its surface was smooth and well defined. The scrotum below the tumor was loose and flaccid, and the right testicle, healthy and pendulous, was situated about an inch below the lowest portion of the tumor, and perfectly distinct from it. The abdomen was free from pain on pressure. The functions of the alimentary canal had been naturally performed without any interruption since the time of the accident, and there had not been the slightest fever or any other general indisposition—the only inconvenience experienced being a sense of weight in the part and stiffness in walking.

As the tumor had evidently been caused by a contusion of the inguinal region, I considered its hernial character extremely doubtful; for although a blow may occasionally produce a hernia at the contused part, yet a hernia so produced is of the ventral species, the muscles or aponeuroses having been lacerated; and it may be doubted whether a direct blow upon the inguinal region is capable of causing a hernia which shall take the oblique course of the inguinal canal. Moreover, the tense, unyielding condition of the tumor was such as is only observed in hernia under strangulation, whereas in the present case the absence of pain in the tumor or in the abdomen, and of symptoms indicative of alvine obstruction, negatived the existence of such a condition.

From these considerations, and from the mode in which the tumor originated, I had no hesitation in regarding it as a hematocele of the spermatic cord, most probably resulting from laceration of the spermatic veins. The smooth surface and cylindrical form of the tumor would depend upon the circumstance of effused blood being contained within the sheath which the spermatic vessels derive from the fascia transversalis.

To allow time for absorption to occur was the great object to be kept in view in the treatment. Recumbency was enjoined, and the occasional use of hot fomentations, alternated wtth evaporating lotions.

March 20. The portion of the tumor below the ring is more prominent, and its envelopes at this part feel thinner; an obscure sense of fluctuation is perceptible.

23. The tumor is more prominent below the ring, and the sense of fluctuation more distinct; there is an evident tendency to "pointing."

27. There is a slight but obvious diminution in the size of the swelling.

April 4. The tumor is considerably reduced in size, and the fluctuation is no longer perceptible. The whole mass now feels solid; the discoloration has disappeared from the abdomen and thigh, except on the inguinal canal and scrotum.

May 1. Swelling much reduced; slight discoloration continues.

June 4. The tumor has entirely disappeared; the scrotum, spermatic cord, and inguinal canal feel perfectly natural.

REMARKS.

Hematocele of the spermatic cord is an affection of very rare occurrence. It is not noticed in Sir Astley Cooper's work on the Testis. Pott has related three cases, of which the following is a brief abstract:—

Mr. Pott's First Case.—A laboring man, who had fallen in the street with a load on his back, was brought into St. Bartholomew's Hospital, supposed to be affected with hernia, in consequence of the fall. "The tumor seemed to occupy the whole spermatic process, which was so enlarged by it, that it was impossible to feel the passage of it from the abdomen through the muscle, but the testicle below it was perfectly distinct." As the bowels had not been evacuated for two days, Mr. Freke considered the tumor a hernia, and proceeded to operate. Having opened what he supposed to be the hernial sac, "a large quantity of blood, partly fluid and partly grumous, burst forth, and the whole tumor subsided, leaving the process (spermatic cord) perfectly free, and containing neither intestine nor omentum." The patient recovered favorably.

Mr. Pott's Second Case.—A young man, whilst straining to evacuate the bowels, felt a sudden pain in his left groin, and, upon examination, found a swelling, extending from the groin to the scrotum. An advertising operator, supposing it to be a rupture, made several unsuccessful attempts at reduction, and applied a truss, saying that the tumor would gradually shrink to nothing. After the truss had been applied some days, the pain and swelling were increased, and the patient was seen by Mr. Pott. At this time the "tumor was large, and had somewhat the feel of an omental hernia; the abdominal aperture seemed to be dilated by it; the testicle was tolerably distinct below." "He had neither heat, quickness of pulse, nor hiccough, nor vomiting, and had been thrice at stool that day." After several days "the pain increased, as well as the tumor, and a fluctuation within became palpable." Pott, supposing that the fluid might possibly be collected in the sac of an omental hernia, punctured the tumor with a lancet, and let out some ounces of clear blood. When the swelling was thereby lessened, the spermatic vessels could be indistinctly discerned, and the cord seemed much loaded with blood, and enlarged. For three or four days the part bled freely, when a free incision was made throughout the whole extent of the tumor, "but no sacculus, no particular cavity, was found—nothing like a hernial sac, or tunica vaginalis testis; in short, nothing but cellular membrane, which satisfied us (says Mr. Pott) that the blood must come from the spermatic cord." The wound was dressed with lint and styptics. In a day or two the hæmorrhage returned to an alarming extent, and castration was performed.

Mr. Pott's Third Case.—A middle aged man applied at St. Bartholomew's Hospital, with a tumor in the groin and upper part of the scrotum of the right side, which he said was suddenly produced by lifting a heavy weight. "From the groin quite down to the testicle the spermatic process was enlarged; he had no symptoms of a hernia, and the testis was much too distinct and free for a hydrocele." A little blood oozed from the lower part of the swelling, from a puncture which had been made a day or two before. From these circumstances, Mr. Pott concluded that the swelling was caused by blood effused into the cellular substance of the cord, "from a branch of a varicose spermatic vein." On opening the tumor, the whole cellular membrane of the cord was found loaded with blood; no particular breach in the vessels could be discovered. The patient recovered without any return of hæmorrhage.

Mr. Curling, in his valuable work on Diseases of the Testis, makes the following observations:—"An encysted hydrocele of the spermatic cord may become converted into a hematocele. In the pathological museum of St. Bartholomew's Hospital there is a preparation of an encysted hematocele of the spermatic cord. The cyst is empty, but it is described to have contained blood, and its walls are deeply stained with the color of partially decomposed blood. Its lining membrane is wrinkled, and coarsely granular, and the tissues around it are thickened, brawny, and adherent together. I lately examined a preparation in the Hunterian collection, which, I have no doubt, is a specimen of old encysted hematocele of the spermatic cord. There is a good sized cyst, lined by a membrane, polished and a little wrinkled, filled with a soft, tawny-looking, granular matter, resembling the altered coagulum of blood which I have observed in ordinary hematocele after long maceration in spirit. The tissues around the cyst are thickened and indurated, just like those around an old hematocele of the testis. There is a hernial sac immediately above it, and a hydrocele below, with the sac open for some distance up the cord as far as the cyst of the hematocele, which does not communicate either with the tunica vaginalis or the hernial sac."

SOME GENERAL CONSIDERATIONS OF CLIMATE, WITH REFERENCE TO HEALTH AND DISEASE.[*]

By T. Wilkinson King.

A few authentic facts, of a rare and curious kind, which I have set down, may serve to render these pages of interest, even to those who are unprepared for, or disinclined to, a careful and a complete professional reasoning.

It is one chief object here to enforce general principles, along with those which relate to the influence of temperature, with reference alike to physiological and pathological states.

I must premise that my readers should be familiar with, or at least that they must in a measure allow, the following general laws:[†]—

Firstly, That health is a certain necessary correlation of the whole corporeal functions, the innate irregularities or disproportion of which constitute the peculiarities of temperaments; and,

Secondly, that the functions oscillating within the limits of health demand correlative actions in all parts and of various kinds.

These ideas of fluctuating actions and corresponding or compensatory functions in all parts, belong both to physiology and pathology, and they form the basis of the following remarks:—

The heat of our summer has its peculiar effects and many distinct secondary consequences, and I presume that the influence of the tropics corresponds to these, without any great differences beyond those of degree. Certain functions are excited, and others, in consequence, become depressed. A warm climate operates especially on the surface of the body, exciting the excretory and nutrient functions; the follicles everywhere become enlarged, the heat of the body is augmented, and the perspiration copious and habitual. Many diseases of the skin indicate the tendency to hypernutrition. In Africa the lengthened ear-lobe, the pendulous breasts, and other excesses, are almost natural.

Along with simple cutaneous hypertrophy, in the form of moluscum, I have even seen the breasts of a male negro assuming the roundness and prominence of the young female (and that without any discoverable masculine defect).

I was greatly struck on another occasion to find the cicatrix of an injury (I believe a burn) in the male not contracted as with us, but presenting a globular sepile tumor, the size of an orange, soft, flexible, and equable in feel as the skin itself of the negro lad on whom it grew, and of the same color and aspect altogether. This effect, I was informed, was not very uncommon.

Here, by the way, we have a hint as to the treatment of cutaneous contractions, and I may add that the negligent exposure of persons who have been burnt or scalded (as if they wanted no more heat for months) is one great cause of death in these cases by visceral inflammation.

Mr. Edward Menzies, of Kingston, Jamaica, informed me that he had seen at least three examples of a cutaneous prolongation in the place of the umbilicus, and about the size of the little finger, in negro boys between the ages of eleven and fourteen years. This adventitious formation seems so common as to have obtained a distinct name, which is "pim." The like formation has been spoken of as occurring in Paragua (Med. Gaz., vol. i, p. 167). Dr. Arbuckle, a very intelligent physician, who has lately returned from a seven years' residence in Maranham, near the mouth of the river Amazon, informs me that he has seen instances of the umbilical prolongation, as also one of rugous hypertrophy on the loins, which he attributed to the individuals having been flogged. Integumental masses about the face, and common elephas were by no means rare with him. He has noticed the breasts of males too full, and once those of the female much hypertrophied. Cancer he found rare.

The mal de San Lazaro, Coco bey, and Elephas, are common tropical diseases, and they indicate various dispositions, of which excessive superficial nutrient action is always the first. I regarded the embrowned skin of white settlers as an instance of cutaneous hypernutrition. Distressing "prickly heat" and erythema in new-comers seemed not less so, although evidence of other disturbances in addition.

The first effect of increasing warmth, whether of our own spring or the visit to the tropics, is a very agreeable sensation of ease arising from the facility with which the animal functions are performed. It is to numbers a most joyous perception of life. The appetite is good, and the mind clear, and the body active, and this is only too transitory; it is the sign that the internal functions are losing somewhat of their natural stimuli. The warm bath and the operation of shampooing have analogous results.

The European infant flourishes for three or four years with the greatest promise between the tropics; but soon the digestion and nutrition seem to fail, as the sunken eye and sharp contracted features too well express.* We can hardly err in imputing the decline of the internal processes to the excessive activity of the surface. The copious transpirations diminish the circulation, digestion, and nutrition, and beyond this absorption is in excess. The body wastes, the face grows pale. Languor indicates enfeebled muscles, and the more indolence increases the more it drags on the mischiefs of defective nutrition to the body and mind. Certainly some internal organs tend to become more and more inert and more and more incapable of excitement.

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[*] These reflections were in part read before the Physical Society of Guy's Hospital in 1840. I ventured to introduce them thus: After spending nearly half my life in that great school, divided pretty equally between observation, reading, and reflection, I confess that I thought myself in a measure fitted to study the medical peculiarities around me when I first landed in a tropical region. I certainly anticipated to corroborate and extend, and, perhaps, to correct my physiological views of disease; and I now hope that a brief account of some of my conclusions will not be deemed useless, whether in relation to climate, or the nature of the human constitution.

[†] The doctrines here referred to I have taken some pains to explain in a little book, "On some of the First General Laws or Fundamental Doctrines of Medicine and Surgery," London, 1840; and, again, in a paper "On Variable Diseases," in the October Number of Guy's Hospital Reports, 1840.

In a warm country a man awakens languid, just as in our winter we may rise too little refreshed from a too warm and luxurious bed; and so, again, the feeble complain of the oppression of clothing, and, as well as the sick, find temporary refreshment in exposure. The consideration of the balance of the capillary functions will go far to explain, and I hope rectify these feelings. Excessive actions of the surface prevent the due nutrition of the muscular as well as of the nervous and other organs, but the artificial reduction of the superficial functions, which seems and which should be salutary, must be very cautiously conducted, for even in the tropics chronic as well as acute affections are in a high degree subject to the effects of exposure and without existing disease, especially in milder climates; the disturbed balance will always be to the prejudice of the weakest or most susceptible organs. It needs not to be said that immediate feeling is not a safe criterion, yet still men die daily from trusting to the treachery of grateful feelings.

My readers may, perhaps, spontaneously recur to the well-known facts concerning the inertness of medicines, and the large doses required in hot countries, as additional proofs of the tardy dispositions of many of the organs. It is to be continually remembered that the warmth which facilitates and expedites development, ultimately deprives internal organs of their due share of stimuli, but perhaps some organs are deprived in less proportion than others. Doubtless, too, this is not the whole, though a very necessary part of the study before us.

I believe truly it should be made to appear that the decline of the internal functions is not equal or uniform. Probably the action of the kidneys fails most considerably, and that of the stomach is most under casual control, as by diet, condiments, and drinks.

The function of the liver I suppose to be for a period excited by the mingled fluids of the Portal veins, and even the activity of the lower intestines seems materially to be governed by the nature of the ingesta.

The generative organs, with all the rest, attain their development early, and when the judgment is feeble; and this, together with the evils of indolence, may involve the chief points of peculiarity in their functions. Of course I do not exclude the influence of wines or the like.

It has already been hinted that the cutaneous parts of the genital apparatus are not to be considered as free from a tendency to hypertrophy. Mr. E. Menzies tells me it was nowise uncommon for the surgeon to send away applicants for trusses, whose complaints were pretty certainly not adapted for such treatment; and yet that true herniæ were still very common, and often large, as many are aware.

The activity of the surface is, I think, calculated to account for the completeness or great degree of reparation which I every now and then observed abroad, on dissection after severe inflammations.

A few weeks since I noticed the heart of a young person rendered nearly white in consequence of severe inflammation, and I pointed it out as altogether new to me and said, I should not have anticipated seeing such a change in this country. There was afterwards reason to conclude that it was in the West Indies that this pericarditis had arisen and subsided.

The most marked old remains of arachnitis that I have ever dissected occurred to me among the inspections that I performed in the Kingston Hospital: in a young man who had no disturbance of mind. I observed, too, a similar state of the whole liver, which seemed to me at the time unique. The organ was uniformly diminished, tough, and flexible, and membranous beyond what I suppose can ever happen here.

I do not doubt that this is the place to claim for warmer countries the power of subduing many settled and severe complaints of temperate regions.

These last statements concerning reparative action will not, of course, be thought applicable to the period of extreme decline of any necessary function. They are intended as proofs of a preceding stage, which happily is often an enduring one, and which, being understood, offers the best assurance to all medical views.

The great degrees of reparation after severe phlegmasiæ, &c., are in correspondence with a remark which was occasionally made to me, and of which I witnessed good illustrations. I think it is quite certain that at least in the West Indian islands severe injuries and operations have in the main a more favorable issue than in Europe; indeed, I think the course of some was devoid of the least excessive disturbance, notwithstanding, I may add, that the physician's aid may have been sometimes too ready, or too tardy, or not quite right.

Again, the kinds and forms of diseases seem to me to offer evidence of the same controlling force. The rapidity of recovery is not less remarkable than that of the accession or the relapse. Strumous and many other chronic diseases are little known. Ascites is a protracted disorder, and often intermits for months or even years. Also, it is often probably more of a simply peritoneal than a visceral disorder, as with us.

It must not be lost sight of, however, that all these specific examples show the general state of the tropical constitution (if I may so speak), and are not designed more for pathological than for physiological illustration. It must be sufficiently plain that the approaches of disease will depend in some degree on actions like these; yet a certain equipoise of functions *is* maintained, and often for a long period, and not seldom in spite of the most excessive and varied disturbances with which man dares to try his frame.

To many persons, under favorable circumstances, the whole series of tropical influences is found to be only and altogether advantageous. How the constitutions of men become happily adapted to the severest changes of climate, is much more wonderful than explicable; yet I suppose that a truly philosophical expression of the fact is involved in the theory of the functions which I have stated—their balance, oscillations, and various compensatory efforts. On many points of this topic my own theoretical views might be extended, but I have not thought that the exposition of them would be welcome at the present time, nor do I imagine that delay will render them less crude.

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* This was the first fact that struck on disembarking, in the persons of three slender embrowned children, who stood listless on the jetty of a little out-port of Jamaica; I may say that such wasted physiognomies are never seen in our streets.

Now, with respect to general etiology, I think it fair to assume that the organised covering of our bodies is nearly the largest organ we possess. That which is subject to the influence of climate most directly, most severely, and especially most variably, is scarcely less in absolute weight than the whole muscular system. It is also pretty evident that the functions of the skin and its appendages are allowed the freest limits, the widest range between depression and exalted activity.

We have previously dwelt upon the evidences of excited cutaneous actions and their consequences. Need we inquire what must be the degree of mischief when this great function, long exaggerated, finally becomes impeded? It is a tropical proverb, "If you are ill and cannot perspire, write home to your friends"—that is, solemnly, set your "house in order."

Acute tropical disorders are truly rapid, and this at a glance seems analogous to the rapid progress of vegetable and animal development; but this I regard only as an instance of false analogy. The decay of old age is very gentle even under the equator, and chronic diseases are abundant. The explanation of the rapid changes lies, probably, in the reflection on the long decline of many functions, and the sudden perversion of the great enveloping organ in the height of its activity.

There does not appear to be a necessity for supposing any peculiar causes of disease in the tropics. Both the predisposing and exciting agents—the remote and direct causes—may be allowed to be of the same nature everywhere; their differences consist in degrees and combinations.

The weight of evidence with respect to cold in every climate is far above what can be produced with reference to any other morbid excitant. Solid authority, common experience, and the records of facts, place cold before all the causes of disease in point of certainty and frequency. Testimony is as conclusive on this subject for the tropics as for the temperate zone, and I find it especially defined in relation to the very common relapses of the acute tropical affections.

No one attempts to oppose the opinion that the causes of derangement in the temperate zone are not in full operation to the equator, and I am not aware that any conditions remain to be accounted for besides those which are specific—*i. e.*, partial and local.

The frequency with which each of the great organs is liable to derangement, in the way of excitement, cannot be fairly stated without especial reference to localities, which is apart from my present aim; but it is manifest that the susceptibility of parts to disturbance is very much in accordance with the exposition I have made of their proportionate disposition to activity. After the skin, the intestinal canal, and then the liver, is the part subject to acute and other changes.

I have before adverted to the urinary organs. I have concluded that they become too far removed from a tendency to diseases as from a proper activity. With respect to the lungs, physiologically, I can say nothing, but their disorders are numerous enough wherever sudden and serious alternations of temperature occur. As to the brain, I cannot speak satisfactorily.

The manner in which I have treated this subject must not induce any one to suppose that any set of affections is not to be met with in the warmest countries. I think, however, that the frequency of all, and certain modified characters, will ever be found to depend mainly on the causes which I have brought forward.

The circumstances of limited and peculiar localities must, I presume, bear a similar kind of interpretation in any part of the earth. In the tropics, however, the indolence of the master, and the oppressions of the servant, have not yet allowed any material amelioration of these states, which, for this reason, have a peculiar force, although I know nothing of their specific actions.

Habits are too well acknowledged, if not well understood as morbid causes, to demand a comment here. I shall, however, conclude with a remark on this subject.

The contrast of the African and the European in the West Indian isles forms a very available illustration of the powers of the constitution and the influence of habit. From a more oppressive clime, with activity, a vegetable diet, and simple habits, the negro flourishes in body, mind, and progeny. Indolent, indulgent, and too often addicted to excess, the white men fade away, and often in a single generation.* But if any one will contend too far for the radical differences of the two races, I have this to say, that the venerable and simple dignity of one aged Christian negro is more than a denial to all who who dispute that "God hath made of one blood all nations of the earth." My opinion is, however, that with better spirits and conduct, the equator itself is designed for the happy abode of any race. Almost all the real difficulties seem rather to apply to particular constitutions. We may well believe that if man were as he ought to be, no blessing would be withheld.

The following is too short to be called a *recapitulation*:—

We have seen a great function accelerated to the extent of its natural limits; we have seen others assuming various compensating states of depression, and finally, even of insusceptibility. Next we find the chief excited action liable to disturbances of another and opposite kind, and the consequences were an unexpected and insupportable burthen to other parts. And now, lastly, without supposing that this is all that can be said, or that it is any more than a partial and even corrigible view, what are the inferences that must be admitted?

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* It is not designed to say that all the blacks, or only the blacks, are just. The errors of a slave are too likely to be in the way of cunning, pilfering, deceit, and malice; but this is scarcely his shame more than his masters. The virtues of Christian men may now be found in men of every complexion, and these call themselves brothers.

Supposing the superficial functions too little active, too little capable of resisting the influences of varying cold, too susceptible of perversion by it, will not a milder climate assist to obviate the difficulty?

Will not a warmer climate always tend to relieve excessive internal actions?

Will it not always accelerate the evil when these internal actions have already begun to decline?

My readers may readily reflect on the converse of these inquiries. Finally I would add, that I think I know something of the exceptions to the above conclusions, but, as far as I understand them, they only illustrate the principles I have advanced.

36, Bedford-square, May 18, 1843.

ON FRACTURES AND CONCUSSION OF THE SPINAL COLUMN.

By Jonathan Toogood, Esq.

In the last volume of the "Transactions of the Provincial Medical and Surgical Association" there is an interesting paper on fractures of the spine—an accident generally considered so hopeless, that no effectual attempt is made to relieve the sufferer, who is left to linger out a miserable existence. It has always appeared to me wrong to abandon a patient under such circumstances, but public opinion, in which the profession acquiesced, seemed to forbid any other treatment than palliative. I have never ceased to regret that no effort was made in the following case, which, since I have read Mr. Crowfoot's paper, I am more inclined than ever to believe offered a fair chance of success:—

Fracture of the two last Dorsal Vertebræ.

Thomas Ash, a remarkably strong man, aged forty-six, was run over by a heavy waggon, which fractured the two last dorsal vertebræ. The division was so evident that two fingers could be laid between the broken ends of the bones. The parts below the injury were immediately paralysed; he had constant vomiting, and his case appeared altogether so hopeless, that his friends refused having anything more done than dressing a most extensive laceration of the scalp; and, as there did not appear to be a chance of his surviving many hours, I was requested not to visit him again unless they applied to me. As, however, he appeared rather better on the following morning, I was desired to repeat my visit, when I found the abdomen greatly distended, the bladder very full, and a complete deprivation of the power of voluntary motion and sensation in the lower extremities. The bladder was emptied by the catheter, and the bowels by glyster, after which the fæces, but not the urine, passed involuntarily. In this state he lived six weeks, during which period he had occasionally considerable fever and frequent vomitings, whilst at times he made such efforts to recover that I proposed giving him the chance of a more determined mode of treatment, but in this I was overruled by his friends, and the opinions of other surgeons.

Fracture of the Spinous Process of the Third Cervical Vertebra.

William Cooling, aged eighteen, a very fine young man, fractured the spinous process of the third cervical vertebra in the following singular manner:—He was carrying a heavy gate on his back, between the bars of which his head became so tightly jammed that he fell backwards on it with great violence, in the attempt to throw the gate off his shoulders. He lay in this state for some hours before he was discovered, and, when removed, it was ascertained that he had the power of moving his head only, all the parts below being paralytic, and totally insensible. His pulse beat only thirty-seven strokes in a minute, and his breathing was very laborious. He had priapism. On the following day he had violent fever and great thirst; the pulse had risen to 100, but the priapism had ceased. He was bled, and took some opening medicine, which afforded some relief, and after a few days these symptoms gradually ceased, and he sunk into a state of quiet. He lived a month after the accident, during which time his appetite was good, and he slept tolerably well. For some time the water was drawn off by the catheter, but occasionally it was discharged involuntarily, as were the fæces. About a week before his death he began to have some feeling in his feet, but previously to that time his friends convinced themselves that he had none, by running pins into his legs and thighs.

Concussion of the Spine.

James Harris, aged thirty, fell from the top of a waggon very highly loaded with beans, and alighted with great force on his back. As he remained motionless, and without any feeling of his lower extremities, the surgeon who saw him believed the spine to be fractured, and, considering the case hopeless, nothing was attempted for him. When I visited him on the following day, he had recovered slight motion and feeling in his legs. The abdomen was greatly distended, and he was suffering acute pain, with inability to empty the bladder. He had priapism. Having drawn off the water, I satisfied myself that there was no fracture of the vertebræ, and directed local bleeding, absolute rest, and afterwards counter-irritation, under which treatment he perfectly recovered.

My opinion of the propriety of making extension in cases of fractures of the spinal column is more strongly confirmed than ever by the successful result of Mr. Crowfoot's case, who deserves the thanks of the profession for making it public. It affords another strong illustration of the great advantage of recording and publishing the experience of practical men. Society, as well as the profession, derive more substantial advantage from the faithful relation of cases, accurately noted at the bed-side of the patient, than from half the books and systems which are written.

My conviction, that the case of James Ash offered a reasonable chance of a happy termination, is strengthened by the knowledge of the extraordinary tenacity of life which other members of his family exhibited.

His father recovered from a disease of the bladder and prostate gland after the age of eighty-four, notwithstanding a false passage had been made in the urethra by the catheter, sufficiently to enable him to take active exercise on horseback, and lived until nearly ninety.

His mother, at seventy, was attacked with chronic hepatitis, for which the usual remedies were employed.

The integuments covering the liver were observed after some weeks to be covered with erysipelatous inflammation, which terminated in sloughing, so that it became exposed. In this state she laid seven weeks, large sloughy portions frequently coming away, and, during the last, whatever she swallowed passed out quickly at the opening in the side. In addition to this enormous wound, which discharged profusely daily, the whole of the nates and lower part of the back were for a long time in a state of mortification.

One sister struggled an unusual length of time against dropsy, with diseased liver, after repeated tappings, and another resisted the most extensive and formidable scrofulous disease I ever witnessed for more than a year.

Bridgwater, June, 1843.

CASE
OF
SUDDEN DEATH SIMULATING POISONING BY OPIUM.

By J. Berncastle, Esq., M.R.C.S., Croydon.

I was sent for on Tuesday, the 25th day of April, 1843, at six, a.m., to attend, on the part of the Croydon union, the illegitimate infant, six weeks old, of a pauper named Aldridge. The child was said to be in a fit. On my arrival at the house I found the child dead. I had scarcely asked the mother and grandmother a few questions, when the latter begged of me to examine the body, and see that there had been no "misconduct" on their part. I thought that remark rather unusual, and examined the body more minutely, but could not discover any marks of violence, nor anything to lead me to suppose that the child had not died from natural causes. The face and body were quite pallid, and the mouth and eyes closed, without any unusual appearance.

A few hours afterwards Mr. Smith, the registrar of deaths, sent to know whether an inquest would be required, as he had heard it reported by the neighbours that the child had died from unfair means. The inquest was consequently ordered, and, thinking that I might elicit from the parties a few more points concerning the case, I called again in the afternoon, seven hours after death had taken place, and found the body laid out. I requested that the clothes should be taken off, and, to my great surprise, I observed the head, trunk, and extremities to be covered with livid patches of ecchymosis, of a large size, pretty general all over the body. Knowing this cadaveric appearance so soon after death to be one of the common results from poisoning by opium, and having seen it in several cases that had terminated fatally, my attention was immediately directed into that channel, and I asked the friends whether they had given the child any syrup of poppies, Godfrey's cordial, or laudanum, but they stoutly denied having given anything at all.

After cross-examining them pretty closely, I learnt that the child, otherwise remarkably healthy, had been for the last few days uncommonly fretful, and particularly so on the Sunday; that on the Monday he became very drowsy, and slept all day and night without intermission until early on Tuesday morning, when it was suddenly seized with the convulsive fits that carried him off, and to relieve which I had been called in. The history of the case, coupled with the appearance of the body after death, being, as every medical man well knows, exactly those of poisoning by opium, the impression on my mind was that the child might have died from the effects of that drug, or some of its compounds, either given intentionally, or in an over-dose through ignorance. The child being illegitimate might have also tended to strengthen the suspicion. In fact, had the child been known to have died from opium, the appearances above named would be all that one would expect to find without an autopsy.

Well, what did Mr. Carter, the coroner for Surrey, do? Instead of being guided by the medical evidence, and using it as the means to come at the truth, he at once turns round upon me, and wishes to persuade the jury that there are no grounds whatever for presuming that the child had died from any other than natural causes!—that he had frequently seen the livid appearance of the skin, which always arose from persons lying after death—that infants frequently died from apoplexy, and the like trash—that, besides, it was absurd to suspect that anything had been given to the child, when the mother and the two other respectable witnesses swore to the contrary—that they were respectable people (all three paupers, and interested parties), he was bound to believe them on their oath—and that he did not think a post-mortem inspection necessary, as there was not the slightest tittle of evidence to prove that anything in the shape of narcotics had been administered! Now, the chain of symptoms and circumstantial evidence throughout this case were so clearly those of death by opium, and so unlike death from any other infantile disease, that nothing but the grossest ignorance on medical subjects can excuse Mr. Carter for having so totally overlooked them, and disregarded the suggestions of the medical witness. On the contrary, he so far forgot his duty that he actually, in summing up the case to the jury, endeavoured to throw a slur upon the medical witness, by inferring that he had acted wrongly by at all exciting suspicions in a case where nothing whatever could warrant any person in supposing that the child had died from any other than natural causes.

But, had a post-mortem taken place, and, in spite of the oaths of these three respectable witnesses, poison had been found in the child's stomach, annulling all doubt upon the subject—and such cases are not uncommon—would he have thought then so lightly of medical evidence?

The case was dismissed summarily, and all parties entirely exculpated from any blame, the verdict being "Died from natural causes."

Now, would not a medical coroner at once have fallen in with the views of the medical witness?—and would not his attention have been seriously arrested upon the probability of poison in a case where all the circumstances were so well linked together as to rise rather more than a suspicion of guilt? Is it not generally by some vague, unconnected facts, that cases of poisoning are at first brought into notice? Before detecting the poison, are there not premonitory and concomitant signs and circumstances that put one on the *qui vive*, and lead one to seek for it by further anatomical investigations? How, then, can any person not well acquainted, practically as well as theoretically, presume to offer his opinion on subjects of such importance that may involve the life of a fellow-creature? It is an anomaly that cannot exist any longer in a country boasting of high rank in civilisation. The time must come, and come shortly it will, when none but medical coroners will be allowed to fill that high office. Until then, we must not be surprised to see doubtful cases smothered in a similar way to the one here cited by Mr. Carter, or any other of his sapient non-medical colleagues.

CASE
OF
DIABETES MELLITUS,
WITH POST-MORTEM EXAMINATION.

Sarah Hallandale, aged sixteen. Her previous history was, that until the two preceding years, her general health had been good, but at the commencement of that period she began to emaciate, and she then observed that her urine became considerably increased in quantity; she became the subject of constant and insatiable thirst, her appetite becoming ravenous; menstruation, early developed, became arrested, and her increasing debility quite incapacitated her for her employment (that of a servant). She presented an appearance of squalid misery; her face, naturally mean and inexpressive, was haggard, and features shrunken; limbs excessively attenuated; skin dry and harsh; tongue and pulse diabetic—namely, the former vividly injected, resembling a piece of raw muscle, the latter round, soft, full, and dilated; urine about in twenty-four hours, specific gravity, 1·030.

At this time no evidence of phthisical disease existed. She was ordered the tincture of lytta, antimonial wine, of each five minims three times a-day; these were persevered in (the doses being slowly increased to twenty minims) and with considerable relief, her general health becoming greatly improved, and the urine decreased in quantity, till after the lapse of three months she became the subject of cerebral symptoms—viz., violent but transient delirium, some stupor and headache, under which she sunk; it was observed that no urine was passed during the twelve hours antecedent to her decease. Her chest had not been stethoscopically examined.

Examination of the Body, Seventeen Hours after Death.

Head.—The arachnoid was every where elevated by the interposition of fluid; in three or four spots it was decidedly thickened and opaque; the pia mater was remarkably and minutely injected; the substance of the left hemisphere was naturally firm, whilst that of the opposite one was softer; throughout its structure showed marks of congestion, in a section presented innumerable bloody points, which, on pressure, exuded a considerable quantity of blood, whilst in parts a peculiar pink hue was diffused over it; this was most remarkable at the anterior lobe of the right hemisphere and the pons Varolii, which were much discolored; both lateral ventricles contained fluid, the quantity being estimated at about three drachms.

Chest.—The apex of the left lung was firmly adherent by old pleuritic adhesions, whilst the base was attached in a similar manner to the diaphragm; all the lobes were firmly united to each other; the lower half of the lung was studded with tubercles, most of them in the suppurative stage; in the upper half was seated a vomica, capable of containing a large orange, filled with thin sanguineo-purulent matter, and surrounded by consolidated lung from tubercular deposit. The right lung, with the exception of pleuritic adhesions at the apex, was quite healthy. The bronchial tubes were somewhat injected.

Abdomen.—The liver was enlarged, and exceedingly gorged with blood, which flowed from it abundantly when cut into. The spleen was rather above the natural size, soft and dark from congestion. The left kidney was slightly enlarged, not hardened, but greatly congested; on removing its tunic the vessels were seen ramifying over the surface, distended with blood; the cortical substance appeared coarser than natural, and of a darker hue from congestion; the right kidney, in addition to these appearances, had its pelvis dilated, as also was the other part of the ureter, both being filled by urine of an opaque color and powerful urinous odor; no obstruction was found in the ureter.

The bladder, which contained about three ounces of urine, had its coats remarkably hypertrophied, together equalling about five or six lines. The thoracic duct, in its lower portion (which alone was examined), appeared in a healthy condition.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JULY 29, 1843.

To mark the onward progress of any human efforts, to retrace the path pursued, and watch the opposing difficulties or success of the adventurer, is often a contemplation fraught with feelings of pleasure, but rarely of admiration. To note the struggles men daily make for fortune and for fame, or see the achievement of their object, may elicit our congratulations, but not our wonder. The motives of the individual dispel all such feeling; the powerful and secret charm that works in the breast of each of these sons of ambition, urging on, supporting, and ensuring for them success in every attempted task, robs the act itself of all claim to praise, all right to commendation. That charm, potent as ignoble, is personal advantage—his own self-interest.

Rarely, indeed, can we turn from a retrospective examination of the efforts of the members of almost any profession, and see in their only object the benefit of their fellow-laborers. Few as are the practical illustrations, yet the greater number of them are assuredly to be met with in the profession to which we belong—a profession yielding to none other in the exercise of the brightest ornament which ever graces human character—charity—and which may now as justly lay claim to the credit that can no longer be withheld from it, that of having, by a large number of its representatives, struggled unceasingly for the advantages of the great body of the profession, regardless of all the limited, but too often alluring, views which individual interest may suggest. Were illustration of this needed, we might proudly point to the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION as an incontrovertible and lasting evidence of its truth. Firm in purpose, united in effort, bearing the interests of the whole profession at heart, have the members of the Association maintained, with untiring energy, the task they have allotted to themselves. With one destined object in view, have they lost sight of all others. Private interest and personal aggrandizement have never shackled their efforts, or drawn a single member from their ranks.

Few are they who would at the present day ask for an exposition of the views and intentions of the Association; and were it so, no other answer is needed than that which a retrospective glance at the endeavours that have been made, the amount of good that has been conferred, and the success already obtained, would at once afford and paint in all its happiest coloring the great object of the Association—make scepticism change to confidence, and elicit an equal measure of applause and congratulation. From the Association much is to be expected—much has already been effected. It needs no better evidence than the result of its past labors to demonstrate its full competency, and not less its inclination, to aid the progress of medical knowledge, and, by enriching to a vast extent the records of personal observation and experience, furnish the chief and perhaps only certain data for the future advancement and extension of science. Never forgetful of this one and truly important view, have the members of the Association yet as carefully borne in memory that another object is also to be effected, that their labors are still to be directed to another source—that the members of the medical profession should maintain that high character and rank which the vast utility and the honorable character of their duties entitle them to share. Medical reform has ever been and is still one of its most important objects; not that so-called medical reform which often actuates those who seek a short-lived notoriety by the assumption of such object, and strive to support it by the only weapons which they seem capable of wielding, vulgar vituperation and ill-judged personalities, who seek no advancement but their own, no advantage but such as may accrue to themselves. The members of the Association are none of these; with them medical reform, it is true, holds a prominent position, but it is not their only object; inseparable from it is the advancement of science and the increase of professional knowledge. The excellent result of this combination of objects, or we might with equal truth say the cause of such union, can be traced in the pleasing fact that every member of the Assciation feels that he is also a member of a learned profession—a worker in the field of science—and as such can adopt no measure, sanction no means, nor advocate any principles, which have not inseparably blended together the increase of medical science and professional respectability. Unhesitatingly may we turn to the "Transactions" of the Association, and to the pages of this Journal, for abundant evidence of the truth of all this. If the excellence of the past can be received as an earnest of the future—if the success already obtained may assure us of that yet to come—we shall not hesitate to predict that ere long the profession will date its elevated rank, and not less its augmented treasury of knowledge, to the efforts of the PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, and hasten to proffer that meed of thanks and of applause which was once but scantily afforded.

We are now on the eve of another anniversary, the TENTH, and look forward with equal pleasure and certainty to the results of the meeting, and would but pause to express our hope that every member will regard it as a duty to evince, by his presence, a readiness to assist in the great work before him. It will be our pleasing task to record, in our next Number, the full detail of the proceedings, and on which we may hereafter venture to make a few further remarks.

We subjoin a notice of the meeting:—

The PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION will hold their tenth anniversary meeting at LEEDS, on Wednesday, the 2nd, and Thurday, the 3rd, days of August next.

President, J. H. JAMES, Esq., Exeter.

President-elect, W. HEY, Sen., Esq., Leeds.

The first general meeting of the Association will be held in the theatre of the Philosophical Hall, on Wednesday morning, the 2nd of August, for receiving the report of the council, and transacting other necessary business.

The retrospective address on surgery will be delivered by William Hey, Esq., Jun., of Leeds, on Wednesday evening; and the retrospective address on medicine, by Dr. Shapter, of Exeter, on Thursday morning.

CASE OF HYDRODELE,

IN WHICH A NEEDLE REMAINED IN THE TUNICA VAGINALIS FOR ELEVEN MONTHS.

The following case occurred in the practice of Mr. Fergusson:—

Mr. S., a gentleman about fifty years of age, consulted me in February last for a swelling in the scrotum, which I had reason to know had originally been a hydrocele, but had now become a hæmatocele. A few days before, a large quantity of bloody fluid had been evacuated with a trocar and canula by my friend Mr. Blyth, of the Melville Hospital, Chatham; and as doubts were entertained regarding the condition of the testicle, the patient came to town to take my opinion on the subject. At this time, owing to a fresh accumulation of fluid, the organ could not be distinctly felt; and deeming it better to delay the use of the trocar and canula until the swelling had increased somewhat, I declined giving a final opinion till I should have the opportunity of making an examination immediately after evacuation of the fluid. At this time, however, I perceived a hard and sharp projection at the lowest and back part of the testicle, which I supposed to be an enlargement of the epididymis.

In April, the patient returned with the scrotum so fully distended, that I at once tried the trocar and canula, and after evacuating the cavity, was enabled to perceive that the testicle, though slightly larger than its fellow, was not in a state of disease. The sharp point of what I supposed to be the epididymis was still very distinct; but the principal swelling that now remained was chiefly occasioned by the thickened condition of the tunica vaginalis, and a quantity of fibrin which could be squeezed from the interior.

As the disease had been present for upwards of twelve years, at first as a hydrocele, when it had resisted two attempts at the radical cure, with port wine, and latterly, in the condition described, I advised that the scrotum should be laid open, and the parts subjected to the usual treatment for hematoid. To this practice the patient willingly submitted, and a few days afterwards (19th April, 1843) I made an incision into the scrotum, of sufficient size to enable me to remove the clots of fibrine with the point of my finger. Towards the lower part of the cavity I perceived resistance to the passage of the finger across the cavity; and on squeezing it through the fibrine in this situation, came in contact with a hard substance, which I immediately recognised as a needle such as might have been used for acupuncture. By making a slight extension of the wound I was enabled to extract it, and have since found that it measures two inches in length, being an ordinary Whitechapel sewing needle. The point seemed lodged in the lower end of the testicle, and the other extremity was held fast in the thickened tunica vaginalis.

The subsequent treatment, which has been ably conducted by Mr. Alexander Blyth of the Wye Hospital Ship, has presented nothing worthy of notice here. I have since seen the patient in town, improved in health, with the wound nearly closed, and the scrotum not much larger on the affected than on the other side. Mr. Blyth informed me on the 3d instant, that the general health still improves, that an abscess has lately formed in the scrotum, and that the swelling at present is much the same as when I saw it last. Doubtless, the result will be such as it usually is in similar cases.

The presence of the needle excited the patient's astonishment almost as much as it did mine. He admitted, however, that he sometimes fancied that one might be present, and that it was the principal cause of the great additional pain which he had experienced in the testicle for the last twelve months. In 1836, acupuncture was first performed upon him by his surgeon, and since then he had been in the habit of using the needles himself at intervals of four or five months, up to May, 1842, which was the last time he had adopted such a proceeding. He had generally used six needles at a time, but on this occasion he introduced fifteen. He kept no count on withdrawing them, and doubtless one had been allowed to remain, having possibly sunk beneath the skin whilst he was removing the others. Soon after this he experienced great pain in the testicle; the hydrocele increased in size, and the scrotum was tender externally. The latter condition gradually subsided, and for five months the weight and bulk of the part constituted his chief annoyance. About this time the pain returned, and was distinctly of a pricking character, and was such as to induce considerable fever. Some weeks afterwards the swelling was punctured with a trocar and canula, and, for the first time, the fluid was of a bloody character.

It is possible that one or more of the needles which were last used had wounded some blood-vessels, and thus caused the change in the character of the disease; but it is more probable that the continued presence of the needle had produced this effect.

The sharp and hard projection which was noticed before, and supposed to be a portion of the epididymis, had been caused by the needle. It may appear strange that this was not discovered previous to the opening; but the absence of all suspicion regarding its presence, and the great thickness of the tunica vaginalis, caused its presence to be overlooked. The part had been frequently handled, and with some roughness too, yet the patient seemed to bear the manipulation without any additional suffering.—*Lond. and Edin. Monthly Journ. of Med. Sci.*

PROLAPSUS ANI.

Dr. McCormac has recorded the following observations on the treatment of prolapsus ani in the "Dublin Journal:"—

Procidentia, or prolapsus ani, is a complaint of considerable frequency, both among adults and young persons, principally, however, the latter. Some cases are on record in which small doses of strychnia, it is said, effected a cure; it is, however, an uncertain and even dangerous remedy, more especially with children.

Of late years, a kind of ivory truss, adjusted by means of a T bandage, has been introduced into practice; I found it to answer very well in the case of a retired military man. Mr. Hey treated a very obstinate case which had lasted from infancy, and was attended with profuse hæmorrhage and other inconveniences, by removing a pendulous flap, which, to use his own words, "produced a more firm adhesion of the rectum to the surrounding cellular substance." This operation was quite successful, but does not very well apply to cases unattended with a circular flap.

Sabatier and others had recourse to excision of the protruded portion—an operation, however, which may be productive of serious hæmorrhage. These considerations probably led to the operation of Dupuytren; here, the patient being laid on his belly, the pelvis raised by pillows, the thighs separated so as to bring the anus in veiw, the projecting folds, separated by as many sulci, which lead to the anus, are severally laid hold of by a dissecting forceps with large blades, then removed with a pair of curved scissors held in the right hand. If the relaxation prove very considerable, the excision may be prolonged half an inch within the anus, but otherwise a few lines will suffice. This operation, which obviously is attended with little comparative pain or hæmorrhage, evidently remedies the excessive dilatability of the anus, and substitutes an accidental, closely-adherent tissue for one that is extremely loose. Patients generally do not go to the water-closet for the first few days; and the operation, it is stated, was successful in every case except one, in which, from the struggles of the child, it could not be properly performed.

As a good many cases of prolapsus ani in children have come under my observation, I was desirous to avail myself of any improvement in the treatment. Strychnia failed in my hands; the cold bath and advance of years were tedious and of uncertain issue. There was one child who had labored under this troublesome complaint from about a year old, for it seldom appears to ensue before weaning, till between five and six. Her indisposition had never remitted; protrusion subsisted at every stool, sometimes amounting to an inch or more, had always to be reduced, a procedure attended with some difficulty, and more or less pain. The child had a relaxed aspect, was easily affected in her bowels, and evidently suffered in her general health.

I had tried almost everything I could think of, sea-bathing and cold aspersions among the rest, and felt unwilling, for after all it is attended with more or less pain, to say nothing of fright and apprehension, to have recourse to Dupuytren's procedure. I had hoped that the relaxation would disappear in the advancing age, but there was no more immediate prospect of this than there had been some years previously.

Reflecting on the procedure in question, it occurred to me that the same result might in a measure, at least while the child was at stool, be secured by careful manual traction. I immediately stated my views to the intelligent mother; she entered into them at once, and promised, if possible, to carry them into effect. Accordingly, when the child went next to stool, the skin exterior to the anus was drawn to one side by means of the fingers extended around. The little girl submitted to this with some reluctance, and complained that she could not evacuate her bowels. She was encouraged, however; a stool was obtained; from that day and date, now a month since, the bowel has not once descended. The stools, which previously were from two to four every day, have become much fewer, as well as of a more formed consistence and natural color, while the child's health, spirits, and strength, are in other respects much ameliorated. There is now no prospect of the disease ever returning; the little girl requires comparatively little attendance, her mother, in fact, is only required to stand by, and in a short time, it is to be hoped, her onerous and anxious ministry will wholly cease.

As prolapsus ani is a very common affection, coming frequently under the notice of every practitioner, and hitherto most difficult to remedy, this painless and bloodless mode of treatment, which, it is reasonable to suppose, would be equally efficient in other cases in relieving the sufferings of helpless childhood, and lessening a mother's cares, seems deserving of attention.

CASE OF ACUTE SPLENITIS.

Ann Walker, aged twenty, unmarried, was admitted into the infirmary on the 16th of February, affected with febrile and catarrho-rheumatic symptoms of fourteen days' duration only, though she had been subject to pains of the knees and shoulders for three months previously. Her recent illness had been ushered in by shiverings, partial headache, and general soreness of the body and limbs. Latterly, cough, attended by moderate mucous expectoration, came on, and all these symptoms, except the rigors, were still in existence at the date of her admission. Her pulse was 120 at the same time; her tongue furred; bowels open; and catamenia present. The treatment consisted in shaving the head, a small blood-letting from the arm, and a solution of the acetate of ammonia; and by these means she improved so much as to have been reported free from fever, and convalescent on the 23rd.

On the 25th, it was reported that she had had a restless night, with shivering, and complained of headache, pain of the limbs, and thirst, and had a hot skin; pulse beating 125 in the minute; dry tongue; and confined bowels. Some cathartic medicine was ordered, and afterwards four grain doses of Dover's powder, and one-half grain of calomel, three times a-day. No further occasion for special notice occurred till the 1st of March, on which day the following report was entered in the journal:—

The percussion sound on the left half of the back becomes dull at the tenth rib, and continues so for five inches downwards; on the lateral part of the left hypochondrium, the percussion sound becomes dull on the ninth rib, and extends, of the same character, down to the margin of the hypochondrium, and round to the front as far as the epigastrium. In the left side of the epigastrium, the anterior wedge-shaped margin of a tumor that projects from within the hypochondrium can be felt, and can be pushed forward considerably by pressure made with the fingers in the lumbar region below the twelfth rib. Much tenderness is experienced when pressure is made on this swelling, or in the direction of the hypochondrium, laterally or posteriorly. Full inspiration, too, produces pain in the same situation. She has no pain in the left shoulder, but uneasiness, apparently rheumatic, in the right. Has had occasional vomiting since the 26th, not specially connected with the reception of food. She has perspired frequently since the powders were given, and her bowels have since been rather loose, without the use of any other medicine; had three stools in the last twenty-four hours; skin hot and moist; pulse 116, soft, and of moderate size and force; tongue moist and furred in the middle. It appears that she had some pain in the hypochondrium on the 26th, although she did not mention it, as well as in the limbs and right hypochondrium. She dates her present symptoms from exposure to cold on the 24th, as she had then got out of bed when in a state of perspiration, and had felt immediately chilled by a draught of cold air from an open door near which she lay.

The diagnosis in this case presented no difficulty whatever. Attention was so pointedly directed, by the pain which was experienced, to the left hypochondrium, and the results of examination were of such a nature as to have left no doubt that the spleen was the seat of the disease. At first, indeed, when the exploration of the hypochondrium discovered the tumid spleen, it was doubtful whether it was the body of the spleen itself which was the seat of acute disease, or the membranous tissues exterior to its substance. The enlargement of the spleen, detected on the first examination of the hypochondrium, might have been, for aught we know, an old disease, and the disorder which gave rise to the acute symptoms might have been inflammation of its capsule, or of the peritoneum. The subsequent fluctuations in the size of the organ, however, made it apparent that, while the tissues in question might likewise be affected, the spleen itself was certainly in a state of acute disease. Unless these changes in the size of the organ had occurred, there could have been no certainty of this kind, for there are no special and peculiar symptoms not connected with the size of the organ by which acute inflammation of the spleen can be distinguished from acute inflammation of other organs or tissues included within the left hypochondrium. I need advert but very briefly to the doctrine of M. Piorry concerning the symptoms of enlarged spleen, because they have more reference to simple engorgement, or to chronic disease, of the organ, than to acute inflammation of it. He holds that intermittence in the febrile symptoms is peculiar to disease of the spleen—or, in other words, that intermittent fever is the expression of the diseased condition of the spleen. What the morbid action which exists in the spleen under such circumstances actually is, M. Piorry does not seem to have determined. Whether it be congestion, or inflammation, or any other sort of disease, seems, in his estimation, to be of little consequence, provided there be enlargement of the organ; and it is, probably, because at a loss to decide what is the necessary sort of morbid process going on in the spleen when intermittent fever exists, that he uses a term to distinguish it, which merely implies the state of enlargement—to wit, *hypersplenotrophie*. The very frequent coexistence of disease of the spleen with intermittent fever is sufficiently well known, but it is far from being ascertained, or, rather, the experience of some very attentive observers is at variance with the doctrine, that disease of the spleen is necessarily present in intermittent fever, and, of course, with the conclusion of M. Piorry, that the fever is an expression of such local disease. By the assistance of percussion, he has, indeed, been able to determine that the spleen was enlarged in that class of fevers when the degree of enlargement was too inconsiderable to have been detected by other means, and thus he has established in a greater degree than others the frequency and importance of that condition of the spleen, as a complication, at least, of febrile disorders that are distinguished by intermittence. Even he, however, acknowledges that, while acute splenitis is, in common with other causes of enlargement of the spleen, a source of intermittent fever, it is sometimes accompanied by fever of a continued type, like other inflammatory diseases.

March 14. When examined to-day as minutely as the still sore state of the surface allowed, the spleen appears to have shrunk almost, if not entirely, into its natural dimensions. The impaired percussion sound has its greatest extent horizontally, measuring about three inches and a half. The febrile symptoms have ceased. The bowels continue to be acted upon by medicine, but less freely. I consider the disease to be cured.—*Dr. Henderson's Clinical Lectures.*

STATISTICS OF EPILEPSY.

By M. Leuret, of the Bicêtre, Paris.

The following facts are taken from the first part of an interesting paper on this subject, by M. Leuret:—

Among 106 cases of epileptic patients, 24, or nearly one-fourth, began to be affected between the 10th and 14th year of their age; 18 were first attacked between their 15th and 19th year, and 16 between their 20th and 24th year; 58 patients, consequently, of the whole number were first attacked between their 14th and 24th years. Of the 106 patients, the disease was ascertained to have existed either in the father or mother in 6 instances only. And in no more than 8 cases was it found that the parents had died of any disease of the brain; there was insanity thrice; apoplexy twice; paralysis once; suicide once; meningo-cephalitis once. Of the 106 patients, 30 had been drunkards; 24 masturbators; and 15 addicted to women. The actual or presumed cause of the first attack was ascribed to terror, in fifteen cases; to Onanism, in twelve; to drunkenness, in six; to anger, in two; to distress, in two; to falls, in two; to libertonage, in one; &c. 30 of the 106 patients had an attack very regularly once a-fortnight; 17 suffered attacks once a-month; 13 once a-week; 9 every three or four days; 4 almost every day; 2 every day; 1 every two months; 3 every three months; and 24 at very irregular intervals. In 35, the attacks supervened in the night especially; in 29, they were as frequent in the day as in the night; in 12, they frequently occurred in the day; in 8, they occurred during the day only; in 8, in the night only; in 3 in the morning only; in 3 others, generally in the morning; and in 1, in the evening only.—*Archives Générales de Médecine*, May, 1843.

THE QUEEN'S COLLEGE, BIRMINGHAM.

Her Majesty has been graciously pleased to grant a royal charter of incorporation to the School of Medicine and Surgery at Birmingham, with the privileges, immunities, rank, and title of the Queen's College, Birmingham. Her Majesty has been graciously pleased to nominate the Rev. Samuel W. Warneford, first visitor; Dr. Edward Johnstone, first principal; and James Thomas Law, Esq., the first vice-principal; J. E. Piercy, Esq., treasurer; and William Sands Cox, dean of the faculty.

The above-named gentlemen, together with Earl Howe, Lord Lyttelton, Dr. Booth, Messrs. E. T. Cox, Egerton Bagot, Vaughan Thomas, James Taylor, Joseph Webster, Richard Wood, Thomas Upfill, Dr. Johnstone, and Dr. Davies, constituted the first council.

RETROSPECT OF THE MEDICAL SCIENCES.

HYDROSULPHURET OF AMMONIA.

I have, within the last few days, been led to try the process for hydrosulphuret of ammonia, recommended in the April number of your journal. The object apparently is to get a protosulphuret of calcium, and then to decompose it by means of sulphate of ammonia, for the ingredients are all taken nearly in atomic proportions. The reaction might, if this were the case, be thus expressed: $Ca\ S$ and $N\ H_4\ O,\ S\ O_3,$ and $N\ H_4\ S$. But nothing of this sort occurs, because in boiling the lime with the sulphur, no protosulphuret of calcium is or can be formed but (leaving out of the question a little hyposulphite of lime which is produced) the solution contains only a pentasulphuret of calcium, and, consequently, four-fifths of the lime are removed on filtration. The sulphate of ammonia being now added, in quantity equivalent to *the whole of* the lime, one-fifth only is decomposed, and the following reaction occurs:—$Ca\ S_5$ and $N\ H_4\ O,\ S\ O_3, = Ca\ O,\ S\ O_3,$ and $N\ H_4\ S + S_4$, the product thus containing not only a great quantity of sulphate of ammonia in solution, but also a large excess of sulphur, much of which precipitates on dilution with distilled water, or even on standing twenty-four hours. These results I have obtained by experiment as well as theory, and yet the solution is described as "sufficiently pure for most experimental uses."

If this be submitted to distillation, as recommended where perfect purity is required, the sulphate of ammonia and excess of sulphur are got rid of, and the product $N\ H_4\ S$ in solution is obtained sufficiently pure; but this is not the same thing as that obtained by passing sulphuretted hydrogen through solution of ammonia, which is now generally allowed by chemists to have the formula $N\ H_4\ S + H\ S$. In fact, the distilled liquid is precisely similar to that produced by the well-known old process of distilling together lime, sulphur, and muriate of ammonia, and known, when concentrated, as "Boyle's fuming liquid," which was constantly used as a test until recently superseded by the other preparation. The processes, too, differ only in this, that the *new* one substitutes sulphate for muriate of ammonia, and employs three operations where one only is necessary.—*Pharmaceutical Journ.*

ETIOLOGY OF HYSTERIA.

What is it that gives rise to this disturbed state of the nervous system in hysteria, to this abnormal state of the molecular relations, and this impairment of its chemical constitution—in one word, to this derangement of its nutrition? The causes of hysterical phenomena are of two kinds, *mental* and *physical*. A morbid state of mind continually acting upon the nervous system is well suited to disturb the equilibrium of its nutrition. The physical causes are all such as must impair general nutrition, and thus favor the influence of any agent which would specially affect the nerves. Thus the want of good air, of proper exercise, defective secretions, derangements of primary assimilation, disturbed uterine functions, are the most common of these physical causes. These operate by impairing the healthy quality of the blood, and this pabulum of the tissues being injured, they must participate in the injury, and that tissue will suffer most in which physiological change is most active. In hysteria that tissue is the nervous which is disturbed by mental causes; its excited state of physiological action occasions a greater demand for the nutritive supply, and it, therefore, attracts a greater share than perhaps properly belongs to it of the imperfectly-formed blood. This primary disturbance of nutrition has, however, a yet more extensive influence, for the effete particles of the badly-nourished tissues, coming back to the blood, are likely to contaminate it to a still further extent.

It often happens, too, that a special morbid element is present in the blood in hysterical habits, which must interfere more or less with its healthy actions. Thus you often find hysteria and hypochondriasis in women and men of gouty or of rheumatic constitution. This was the case in a marked degree in the woman Collier, who afforded a good example of hysterical paraplegia; she had the rheumatic diathesis to a great extent; although she never had rheumatic fever she had heart disease, and her hysterical paroxysms were always excited by the same causes which increased her rheumatic pains. It is worthy of remark, too, that during the menstrual age women seldom suffer from a fit of the gout, although the gouty diathesis may be sufficiently distinctly developed. But when they begin to have the gouty paroxysms, which provide for the elimination of the gouty matter from time to time, the hysterical phenomena become materially diminished.—*Dr. Todd's Clinical Lecture.*

ACTION OF NITRIC ACID ON CARBONATE OF LIME.

BY M. BANESWELL.

It is generally admitted by chemists as a fact that marble is not acted upon by nitric acid of the greatest density. M. B., desirous of ascertaining whether this anomaly was due to the same want of action of this acid on certain metals, kept a piece of marble in concentrated nitric acid, and it was not visibly acted upon. It was then removed from the acid, washed, dried, and powdered, and the powder was put into fresh concentrated acid. It was strongly acted upon, but not entirely dissolved. A little water was then added to the acid, the reaction again took place, and after some time ceased, but recommenced on the addition of more water.

It may be concluded from these facts that marble is attacked by concentrated nitric acid, with energy proportional to its surface, becoming covered with a varnish of nitrate of lime, insoluble in concentrated nitric acid. This nitrate of lime concentrates the nitric acid in which it is produced, and renders it more strong.

The experiment performed in a direct mode was perfectly conclusive; dried nitrate of lime put into nitric acid of moderate strength, concentrated, and rendered it fuming.—*Ann. de Ch. et de Phys.*

EXHALATION OF CARBONIC ACID FROM THE HUMAN BODY.

An account of the experiments of Professor Scharling, of Copenhagen, have recently been communicated to the Chemical Society, by Dr. S. Elliot Hoskins, the following relation of which is contained in the "Philosophical Magazine." With the view of ascertaining the quantity of carbonic acid exhaled during the twenty-four hours, as well from the lungs as from the general surface of the body, Professor Scharling undertook the following experiments on six individuals—viz, four males and two females:—

The subjects of experiment were confined in an air-tight box, wherein they were perfectly at ease, being enabled to speak, eat, sleep, or read, without inconvenience; a constant current of atmospheric air was admitted into the box, and the deteriorated gases abstracted by means of an air-pump. The air withdrawn was conducted into a proper arrangement of bottles, some containing sulphuric acid, others a solution of caustic potash. The quantity of carbonic acid, both previously and subsequent to each operation, was carefully ascertained by being received into three graduated tubes.

The results were as follows:—

1. The professor himself, aged thirty-five years, exhaled 219 grammes* during twenty-four hours, seven of which were spent in sleep.

2. A soldier, twenty-eight years of age, exhaled 339·728 grammes (8·45 ounces).

3. A lad of sixteen, 234·379 grammes (7·9 ounces).

4. A young woman, aged nineteen, 165·347 grammes (5·83 ounces).

5. A boy, nine and half years old, 133·126 grammes (4·69 ounces).

6. A girl, ten years old, 125·42 grammes (4·42 ounces).

In the two last the period allotted to sleep was nine hours. From these experiments Prof. Scharling deduces that males exhale more carbonic acid than females, and children comparatively more than adults. He also finds that less of this gas is given off during the night than during the day, and that in certain cases of disease, which he does not specify, less carbonic acid is formed than during the healthy state. He is therein induced to hope that attention to this point may ultimately throw some light on certain forms of disease.—*Phil. Mag.*

CASE OF RUPTURE OF THE UTERUS, WITH HYDROCEPHALUS OF THE INFANT.

Dr. Malcolm, of Edinburgh, relates the following case:—

I attended Mrs. Birt, aged forty-two, residing in Gosford's-close, Lawnmarket, on the 15th of July, 1829, during her fourth confinement; the labor was natural, and of short duration; the mother and child did well.

In December, 1831, this woman informed me that she expected to be confined soon, and requested me to send a gentleman to attend her on the occasion. I gave her the address of Mr. Anderson, who at that time assisted me in dispensary practice.

Mr. Anderson received a message from this patient on Monday, the 30th of January, 1832, at six o'clock, a.m., and was informed that the membranes were ruptured, and that the liquor amnii was coming off. There were no pains at this time, and, after waiting two hours without the occurrence of any, he left the patient, requesting to be sent for when labor was established.

Mrs. Birt at this time expressed herself much surprised that the birth of the child did not immediately follow the rupture of the membranes, stating that in all her previous labors this had happened; she was so fully impressed with the idea that the child was about to be born, that it was with some difficulty Mr. Anderson was allowed to depart. He called in the afternoon, and found her attending to her domestic duties. At ten, p.m., she was in the same state, there being no pains, and the liquor amnii passing off.

Tuesday, January 31. Mr. Anderson was sent for at two o'clock, a.m., and was informed that there had been several pains since his last visit; there were none at that time nor during his stay, which was until seven o'clock a.m.; the patient stated that the liquor amnii, which was at first pure, had become discolored, and of a bad smell. At four, p.m., Mr. Anderson called, and found her attending to her usual occupation. At seven, p.m., he received a hurried message, stating that severe labor pains had commenced. On his arrival he found the patient still strongly impressed with the idea that the child was on the point of being born, and making violent exertions to expedite its expulsion. He made an examination, when he found the *os uteri* slightly open, but could not distinguish the presentation; on placing the hand on the abdomen, he found that the uterus was much distended and hard. Feeling uneasy at the general aspect of the case, he dispatched a messenger requesting my attendance, with orders that, in case of my absence, the assistance of Dr. Thatcher should be procured.

The violent efforts of the patient being still persisted in, in spite of the most earnest persuasion on the part of Mr. Anderson, he considered it proper to administer a large opiate by the mouth, and an opiate injection *per anum*, hoping, by those means, to tranquillise her; in this, however he was unsuccessful, she started up suddenly in bed, raising herself upon one hand, on which she rested, and made another violent effort at expulsion; at this moment she uttered a dreadful scream, and fell back in bed: she immediately afterwards exclaimed—"Thank God I am now at ease." Unfortunately, the relief was of brief duration; she soon complained of an acute fixed pain in the abdomen; vomiting commenced; there were great difficulty of breathing; a cold clammy sweat over the whole body; a peculiarly anxious expression of countenance; with a small, quick, and occasionally intermitting pulse. There was no further attempt at expulsion. Such was the state of the patient on the arrival of Dr. Thatcher, who preceded me by about a quarter of an hour.

Upon a review of all the circumstances of the case, it became but too evident that rupture of the uterus had occurred. On examination, the *os uteri* was found rigid and undilatable, barely allowing the introduction of the finger; no presenting part was to be felt; the abdomen was much distended, and of an irregular form; the limbs of the infant, however, could not be distinguished.

The question as to the practice to be pursued now came under consideration. It was evident, from the state of the os uteri, that turning could not be had recourse to; and, from the extreme state of exhaustion of the patient, it was equally evident that gastrotomy, at that time, would only hurry the fatal event.

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* 7·72 ounces avoirdupoise.

It was considered proper to apprise the husband and sister of the patient of her present desperate condition, and to inform them that the only probable though slight chance of escape rested either on the operation of gastrotomy being performed, should the patient rally, or on leaving the case to the healing powers of nature. The relations immediately decided that no operation should be performed.

Although I thoroughly disagree with Dr. Denman in the following sentence, *as a general rule*, still, under the peculiar circumstances of this case, I was not sorry at the conclusion to which the relatives had arrived:—Speaking of interference in cases of rupture of the uterus, Dr. Denman says—"When the uterus is ruptured at the time of labor, both reason and experience show that the patient has a better chance of recovery by resigning the case to the natural efforts of the constitution, than by any operation or interference of art." I am aware that Dr. Denman subsequently somewhat modified this opinion regarding cases where turning is inadmissible.

It was determined in the case under consideration to watch symptoms; should any opportunity of interfering with advantage occur, to seize it, in the mean time to support the strength with mild nourishment, and to administer opiates.

Wednesday, February 1. About two o'clock, a.m., the patient slept, and awoke refreshed. At two o'clock, p.m., she felt better; the skin was warm, and gentle perspiration covered it; the pulse was 120, soft, and full. Six o'clock p.m.: Has had some sleep, and is more composed. Ten o'clock, p.m.: Pulse slower, full, and soft; a warm perspiration over the whole body; countenance free from anxiety.

Thursday, 2nd of February. Morning visit: Has slept composedly all night, and feels better. The husband stated his conviction that our prognosis had been too unfavorable. Ten o'clock, p.m.: The bad symptoms have returned; cold clammy sweat over the whole body; the pulse was very quick, and small; *facies Hippocratica.*

Friday, February 3. The patient gradually sank, and died about four o'clock, a.m., having survived the rupture about fifty hours.

With consent of the relations, I now made an incision, of about five inches in length, in the course of the *linea alba*. An immense quantity of fluid blood gushed out, covering the bed and floor. I introduced my right hand through the opening into the abdomen, and readily obtained hold of both feet, which, together with the body, I brought out at the external wound; I found, however, that I could not extract the head, as the incision was not long enough. Upon enlarging the opening, the head, enormously distended with fluid, was produced. The child, a male, was, as might be anticipated, dead.

The placenta came away easily; it appeared to have been expelled from the cavity of the uterus into the abdomen.

The dimensions of the head were as follows:—From the occipital protuberance to the nasal suture, sixteen and a half inches; the arch from the *meatus auditorious externus* of one side to that of the opposite, fourteen and a half inches; the circumference, twenty inches.

As I was anxious that some of my medical friends should be present at the examination of the body in the afternoon, I requested permission to reopen the abdomen, which, after some difficulty, was obtained.

The rupture in the uterus was to the right side posteriorly, and did not extend to the vagina; the uterus was contracted to about the size of a small infant's head; the peritoneum was of a dusky red color; the dimensions of the pelvis were natural.

The principal peculiarities in this case appear to be the fact of the rupture occurring before the os uteri was dilated by the uterine contractions, and its being occasioned apparently by the violent voluntary efforts of the patient to force forward the head of the infant, she being misled by the circumstance of the child's birth having in all her former labors immediately followed the rupture of the membranes, and having in consequence falsely concluded that the same succession of events must necessarily follow in this case. The hydrocephalic condition of the child, rendering the relative proportions of the head and pelvis so irregular, must, of course be taken into consideration.—*Lond. and Edin. Monthly Journ.*

MEDICAL APPOINTMENTS

WESTMINSTER HOSPITAL

Dr. Basham has been elected physician to this hospital, a vacancy having been made by the resignation of Dr. Bright.

ST. PETER'S HOSPITAL, BRISTOL.

Dr. William Budd and Dr. O'Brien, of Bristol, have just been elected physicians to St. Peter's Hospital, in that city, in the room of Drs. Lyon and Bernard, resigned.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, July 21, 1843.

T. Cattell, J. C. Harper, G. M. Henning, H. F. Williams, P. P. Ransom, T. L. Philipps, A Markwick, R. D. Walker, J. L. Milton.

ERRATA.

In Mr. Husband's letter, at page 337 of our last Number, "Mr. Truman" was erroneously printed for *Mr. Thurnam*. The reader is also requested to correct the following errata in the same Number:—Page 324, col. 1, lines 53 and 55, for "Dr. Taubert," read *M. Jobert;* p. 332, col. 2, line 37, for "publish one," read *publish it in one;* p. 333, col. 1, line 27, for "reach," read *react;* line 32, for "liable," read *loath;* line 56, for "have," read *take.*

BEAMISH and CRAWFORD'S BAVARIAN PALE STOUT.

This pure and wholesome Malt Liquor, brewed upon principles personally explained by PROFESSOR LIEBIG to the Manufacturers, is, by the peculiar mode adopted in its preparation, rendered a most desirable beverage to persons of delicate constitution, who are unable to use other malt liquors, however excellent of their kind, which are brewed according to the ordinary method; and from such persons numerous Testimonials have been received of the beneficial effect they have experienced from drinking it.

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THE PROVINCIAL MEDICAL and SURGICAL ASSOCIATION

will hold their

ELEVENTH ANNIVERSARY MEETING AT LEEDS,

On Wednesday the 2nd and Thursday the 3rd days of August next.

PRESIDENT—J. H. JAMES, Esq., Exeter.
PRESIDENT-ELECT—W. HEY, Sen., Esq., Leeds.

The first General Meeting of the Association will be held in the Theatre of the Philosophical Hall, on Wednesday Morning, the 2nd of August, for receiving the Report of the Council, and transacting other necessary business.

THE RETROSPECTIVE ADDRESS on SURGERY

Will be delivered by W. HEY, Jun., Esq., of Leeds, on Wednesday Evening.

THE RETROSPECTIVE ADDRESS on MEDICINE

Will be delivered by T. SHAPTER, M.D., of Exeter, on Thursday Morning.

The Members and their Friends will Dine together on Thursday, at Six o'Clock. Tickets, 8s. 6d. each.

CHARLES HASTINGS, M.D., } Secretaries to the
J. P. SHEPPARD, Surgeon, } Association.
Worcester, June 21, 1843.

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Printed by SAMUEL TAYLOR, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by HENRY RENSHAW, at his residence, No. 356, Strand.—Saturday, July 29, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 149.] LONDON, SATURDAY, AUGUST 5, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

PROVINCIAL

MEDICAL AND SURGICAL ASSOCIATION.

The Eleventh Anniversary of the Association was held in Leeds, on Wednesday and Thursday last. At eleven o'clock in the morning of the first-mentioned day, a meeting of the Council took place at the School of Medicine, Mr. James in the chair, at which the routine business to be transacted at the general meeting was arranged and determined upon.

GENERAL MEETING.

The General Meeting of the Association commenced at one o'clock, in the Hall of the Philosophical and Literary Society, which had been set apart for that purpose by the Council. Upwards of one hundred gentlemen were present, whose names and residences we subjoin:—

Charles Chadwick, M.D., Leeds; George Norman, Bath; R. G. Horton, Leeds; William Hay, Leeds; James Williamson, M.D., Chester; Thomas Poyser, Wirksworth; Thomas Simpson, Nottingham; W. M. Wilson, Horsforth; J. Thurnam, M.D., York; J. G. Wright, M.D., Wakefield; B. R. Morris, M.D., York; H. Keyworth, York; J. Macfarlane, Leeds; Thomas J. Rayner, Bristol; James Ashton, Stockport; E. J. Shearman, M.D., Rotherham; R. Maitland, M.D., Blackburn; G. Woollam, M.D., Mexbro'; Samuel Hey, Leeds; T. P. Teale, Leeds; F. Gibson, Nottingham; J. Muscroft, Pontefract; J. Hill, Knottingley; C. Cowan, M.D., Reading; R. Hindle, M.B., Blackburn; W. J. Wilson, Manchester; J. Fox Oxley, Doncaster; G. E. Bearpark, Leeds; R. P. Sleight, Hull; H. Russell, York; G. R. Robson, Knaresbro'; H. Bell, M.D., Leeds; J. Bell, Nova Scotia; J. Ward, Leeds; J. S. Porter, Sheffield; J. S. Alderson, York; T. Parry, Harrogate; G. Smith, Harewood; T. Workman, Basingstoke; W. Bywater, Knottingley; W. C. Russell, Bawtry; G. Anderson (17th Lancers), Sheffield; J. Turner, Manchester; Charles Hastings, M.D., Worcester; J. H. James, Exeter; J. S. Soden, Bath; T. Shapter, M.D., Exeter; J. B. Estlin, Bristol; James Crang, Timsbury; Fountaine Flower; W. Price, Leeds; R. S. Fielding, Reccall; W. Conolly, M.D., Cheltenham; J. Conolly, M.D., Hanwell; R. S. Hopper, M.D., Leeds; William Hey, Leeds; Thomas Martin, Reigate; Alfred Hardwick, Kensington; Dr. Smart, Leeds; Dr. Lankester, London; M. S. Kenny, M.D., Halifax; Thomas Nunneley, Leeds; Peter Francis Luard, M.D., Warwick; G. Goldie, M.D., York; William Newnham, Farnham; Samuel Staniland, Leeds; Thomas Smith, Leeds; O. Brooke, jun., Leeds; E. Holme, M.D., Manchester; Joseph Jordan, Manchester; W. R. Cass, Leeds; W. J. Lunn, Hull; Henry Hemingway, Dewsbury; S. Jefferson, M.D., Liverpool; S. Radcliffe, Leeds; J. Jeffreys, London; J. M. Taylor, Habbeck, Leeds; J. A. Illingworth, Bradford; Frederick Salmon, London; J. W. Roberts, Bradford; G. H. L. Rickards, Armley; James Douglas, Bradford; F. Sharpe, Leeds; W. Macturk, M.D., Bradford; J. Inglis, M.D., Halifax; W. Bampfield, (surgeon 32nd Infantry), Leeds; J. Toogood, Bridgwater; William England, M.D., Wisbech; M. Hale, Wortley; S. Flood, Leeds; W. Daunt, M.D. (6th Dragoons), Leeds; George Brunton, York; J. P. Garlick, Leeds; C. F. Brown, Leeds; James B. Whiting, Lynn; W. Braithwaite, Leeds; William H. Eddie, Barton; William Hey, jun., Leeds; John Churchill, London; Evan Evans, Leeds; William Marsden, Skipton; John Walker, Manchester; G. A. Chaytor, M.D., Manchester; George Morley, Leeds; S. Hare, London; S. Smith, Leeds; Thomas Hornby, Barmby Moor, Pocklington; R. Pullan, Hunslet, Leeds; A. Robertson, M.D., Northampton; R. S. Mayne, M.D., Leeds; G. P. Smith, M.D., Leeds; I. Ingham Ikin, Leeds; J. Carden, M.D., Bath; Benjamin W. Micklethwaite, Gomersal; R. M. Hiddleston, Leeds; W. Johnstone, Bramley, Leeds; T. Guy, M.D., Thorne; J. P. Payne, Loxley, near Sheffield; Henry Payne, Loxley, near Sheffield; Dr. Simpson, York; E. T. Allen, York; Dr. Marchant, Hemsworth, near Pontefract; A. Jubb, Halifax; Dr. Kennion, Harrogate; Dr. Charlton, Newcastle-on-Tyne; Geo. Brown, York; Caleb Williams, York; H. H. Broughton, Dobcross; Ferguson Branson, M.D., Sheffield; H. R. Oswald, Douglas, Isle of Man; William Birtwhistle, Skipton; Thomas Beaumont, Bradford; William Hardman, Eckington, Chesterfield; Matthew Jackson, Leeds; Joseph Hodgson, Birmingham; George Norman, Bath; W. H. Swallow, Halifax; John Robinson, Ripponden; Thomas Robertshaw, Sowerby Bridge; Dr. Crook, London; W. W. Wiseman, Ossett; Charles G. Favell, M.D., Sheffield; Henry Thomas, Sheffield; Thomas Wainwright, Barnsley; Christopher Powell, Knaresboro'; H. S. Belcombe, M.D., York; Henry Illingworth, Bradford; John Outhwaite, M.D., Bradford.

On the motion of Dr. Hastings, Mr. James was called to the chair.

The Chairman rose amidst applause, and after offering a few preliminary observations, expressive of the hope that he had been able to discharge the duties of chairman of the Association, during the past year, to the satisfaction of the members, said that perhaps one of the most pleasing duties which had occurred during that period was that which then fell upon him—namely, to announce his successor. It was impossible for any one to mention the name of Hey without exciting the strongest enthusiasm on the part of those who heard it. (Loud applause.) There was no name among the ranks of provincial surgeons of which the profession had greater reason to be proud. (Hear, hear.) It was a name written on the imperishable page of history, and while it was quite certain that they must look to that name with great veneration, they must also look forward with great hope to the future generation of that honored family. (Hear, hear.) He (Mr. James) thanked the Association very cordially for the honor they had done him, and he now begged to vacate the chair for his successor, Mr. Hey.

William Hey, Esq., took the chair amidst loud acclamation. In consequence of his advanced years and declining state of health, he requested his youngest son, Mr. Richard Hey, to read the address to the members of the Association which he had prepared for the occasion. We subjoin the following extracts.

THE PRESIDENT'S ADDRESS.

It is not uncommon for those who are placed in an arduous position, to commence an address by regretting that the duty has not fallen into other and abler hands; and this, I apprehend, is often done very sincerely, and without any just liability to the imputation of affected humility. For each one, with a moderate share of self knowledge, may well be supposed conscious of his own many defects, while he cannot be intimately acquainted with the requisite qualifications which others possess. Had any one been allowed to claim an exemption from the duties of the honorable post which I now occupy, that indulgence might well have been permitted to one whose activity and energy have been considerably impaired by a long-continued course of indifferent health and the infirmities of increasing years.

It is now more than thirty years since I was attacked with a serious affection in the chest, which removed me from practice to a warmer climate for nearly two years. From that time to the present I have found the effects of cold, and the exertions of voice, very detrimental to me; and more so of late, since my constitutional strength has been diminished by time.

I assure you, Gentlemen, that I highly appreciate the distinction you have conferred upon me, though I feel weighed down with a sense of my inadequacy to discharge properly the duties of so high and honorable an office. I feel particularly grateful to those members of the Association in my own town and neighbourhood, who, though I had repeatedly and peremptorily declined to be nominated to this office, yet, by their kind and persevering importunity, overcame, I will not say my reluctance, but my resolution. I must beg pardon of you for the use of so much egotism, but I felt it necessary to explain my situation somewhat particularly, in order to justify the large claims I shall have to make upon your forbearance and indulgence.

* * * *

Leeds has greatly improved in its public buildings—such as its courts of justice, its prisons, commercial buildings, Philosophical Hall, and museum; but, passing by these, I must not omit to mention a few of our medical institutions, as most interesting to us. The oldest and most important is the Leeds General Infirmary, which was planned and carried into effect A. D. 1767, by hiring a convenient house in the town. In three years a new erection was completed, and the patients removed into it in 1771. The number of beds then provided was twenty-seven. By various additions made to the building from time to time, and the erection of a small detached building for particular cases and capital operations, the whole number of beds has been increased to 120.

In consequence of an infectious fever, which spread rapidly in the more crowded parts of the town, a fever hospital, called the House of Recovery, containing fifty beds, was opened in 1804, for the reception of infectious or contagious diseases, by which the prevalence of such diseases has ever since been greatly checked. A public dispensary, which admits on its books about 3,000 patients annually, to be seen at the house or visited at home, though not at all connected with the infirmary, is an excellent auxiliary to it.

I must here allude to the Leeds School of Medicine, which renders the above-mentioned institutions more available for medical education. It has now been in active operation twelve years, and although several of its original promoters have been removed by sickness and death, it still continues to flourish. Its museum of pathology will be found worthy of attention from the possession of many valuable morbid specimens.

It will not be a matter of indifference to the Association to learn, that the prejudice in the public mind against the provisions of the Anatomy Act seems to be dying away, and there now appears every prospect of a sufficient supply for carrying out fully the important branch of practical anatomy.

Having briefly traced this ancient borough from a farming village to the large smoky town which you now see, I must not pass unnoticed one of the latest, though not the least important, of its public works, and which, among other agreeable effects, has that of enabling this great Association to meet together from various parts of the kingdom with so little comparative expense of time and money. You will readily suppose that I allude to the railway. How different the time when the following advertisement appeared in a Leeds newspaper, dated Oct. 2nd, 1764:—

> "Safe and expeditious travelling in machines on steel springs, in four days to London, from the Old King's Arms in Leeds, every Monday and Wednesday." (Laughter.)

I fear, Gentlemen, you will think I have dwelt too long upon matters of mere local interest, to the neglect of those more immediately connected with the object of our meeting; but in doing so I may at least plead a precedent in the interesting account of Southampton at the meeting there, and hope to be excused in adopting Dr. Steed's sentiment, that an address of this sort is not meant or expected to embrace matters of science, but may be considered more in the light of an act of courtesy in accordance with acknowledged etiquette."

It might naturally be expected from the office which I have the honor to hold, that I should express some opinion upon those important and difficult subjects which have occupied so much of the attention of the Association—viz., medical reform, parochial medical relief, empiricism, and the medical benevolent charity. But to say the truth, they have appeared to me (with the exception of the last) to involve questions so intricate that I have felt little inclination to grapple with them, and the conduct of the legislature with respect to medical reform, whether arising from apathy, the real difficulty of discovering the right mode of dealing with it, or from other causes, is very discouraging. I would hope that the late reports of the committee appointed to watch over the interests of the profession, are gradually opening the way to some definite mode of procedure for accomplishing the desired object of a substantial reform. The plan of simplifying the subject by aiming at it through progressive steps, seems most feasible, and likely to relieve it from much embarrassment; as, first, to settle the proper qualification of the individual practitioner on a uniform basis; and, 2ndly, when a duly qualified profession is legally established, to proceed, either through the medium of the legislature or through a general incorporation of the profession itself, to internal regulation and government. There may be some difficulty in making the qualification in all respects uniform (if it be sufficiently high and duly enforced) in thinly populated and poor places, as in many such, a well-educated man could not obtain a livelihood, and the inhabitants must be compelled either to have no attendance, or that of persons of inferior qualification.

If medical reform should become settled upon a satisfactory and liberal basis, there is another desideratum which I hope will be undertaken by some committee of this Association—viz., to draw up a code of well-digested medical ethics. In the present state of the profession the attempt would be premature, being deficient in a firm basis to rest upon. Such a code might tend greatly to promote harmony among the members of the profession, by fixing some standard for the conduct of medical men towards each other, to which all might submit with a good grace. For the caprice and thoughtless conduct of patients will often disconcert the best arranged system for medical attendance, which, however, might often be regulated or overruled by a liberal conduct on the part of the medical attendants. On the other hand, the medical men themselves will often sacrifice both the comfort and benefit of the patients, and the just rights of their competitors, by adherence to a system of etiquette neither founded in reason nor justice, and which could have no plea under a uniform qualification. Hence, may arise a system of retaliation most injurious to the character of our profession, and greatly perplexing and distressing to the patient or his friends, at a time when they have special need of sympathy and kind attention. In the early part of my practice, when the general practitioners in this town did not exceed twenty, an association was formed for the above purpose—*i.e.*, of regulating the conduct of practitioners towards each other, and making it amenable to the body, which embraced every surgeon of the town.

It was attended with very good effect in promoting liberal conduct, and preventing disagreements not only in Leeds, but I believe its influence extended to neighbouring towns—till, through the increase of practitioners, many became unwilling to submit to such a kind of jurisdiction, and so the association was dissolved, though it has ever since, as it appeared to me, given a tone to medical conduct in the town, and been in a great degree acted upon by the old members of the association. A feeling something like that once raised against this (the Provincial) Association, as mentioned by Dr. John Conolly, sprung up, that it was a scheme of the seniors to oppress the juniors.

The Benevolent Fund is an honor to the Association, and must tend to give a moral energy and influence to every branch of its operations. It is twice blessed in them that give and them that receive, and I for one am, therefore, anxious to see it flourish. I regret that its success does not hitherto seem commensurate with the magnitude of its object, even on the small scale and at the small sacrifice which has been suggested for its support. The simplicity of its plan, having for its object the relief of distressed medical men and their families, irrespective of all other claims but their misfortunes, recommends it to the general support of the profession; yet that very excellence itself causes its benefits to be so widely diffused as to be little known, and, consequently, to lessen their impression on the feelings. Hence arises the necessity of some organised plan for extending its subscribers, and thus increasing its efficacy. If in each large town or district the local councillors were to form committees, and appoint one or more agents among themselves for collecting the subscriptions, and at the same time soliciting subscriptions to the Benevolent Fund, so that no member might be unsolicited, the plan would be brought home to each individual, and the success probably much increased. This I have done to a small extent, and with not many refusals. I should fear that a compulsory subscription, however small, would not in principle be admissible, and for one reason, among others, that that there are other medical charities, of a more limited and local nature, to which the subscriptions are generally larger; and the members of those charities might think it hard to be compelled to subscribe even a small sum to a more distant charity with the operations of which they are but little acquainted, being scattered over the kingdom, and so, as I have said, are not brought home to their feelings.

Without any disparagement to the present Benevolent Fund, or by any means wishing either to diminish or divert its resources, I would beg to urge the adoption of local societies, not in place of, but in addition to, the more general one under consideration, such, *e. g.*, as the Medical Charitable Society, established in the West Riding of Yorkshire, as locally more efficient in degree, though less so in extent. This society was formed nearly on the plan of the West Riding Clergy Society, and has very much the character of our Benevolent Fund, insomuch as it is a *pure charity*, and not liable to any actual claim but what the individual case demands. The only restriction is, that the objects of the charity must have been members—*i. e.*, subscribers of one guinea annually for five years, or donors of ten guineas at one time, and have lived within the district at the commencement of their membership.

It was established in July, 1828 (fifteen years ago), "for the relief of widows and orphans of medical men dying in exigent circumstances, or for the benefit of practitioners in a state of poverty, being, at the same time, incapacitated by age or bodily infirmity, and being members of the society. No annual subscription of members to exceed one guinea." It is governed by a president, eight vice-presidents, a treasurer and secretary, and two stewards are appointed in every market town or district, whose office it is to collect subscriptions. All applications for relief (attested by three medical practitioners residing near the party so applying) must be sent to the stewards of the district three months previous to the annual meeting, at which all cases are decided upon. The grant never exceeds one year, but may be, and is, renewed from year to year, if circumstances require it, the amount being varied according to change of circumstances, though, in fact, it generally becomes an annuity. It was determined at the commencement of the society not to begin the disbursements till the fund had attained an accumulation of at least £2,000. The wisdom of this resolution has been justified by the result, for I believe that, since applications for relief have been received, none have been rejected, nor any reduced for want of funds.

The balance of the first year amounted to £139 11s. 9d., of the second to £367 15s. 1d., and so gradually accumulating till it reached £2,066 in the ninth year, when the gratifying duty of disbursing commenced. In this year two applications were received, to which grants of £15 each were awarded; in the second year, three; in the third, four; in the fourth, six, one of which was a very distressing case of a widow and five children, to whom a grant of £25 was made. In the fifth year this same widow died, leaving her five children orphans, without provision. The grant of £25 was raised to £30, at which it was continued, till, at the last meeting in July, it was augmented to £35. At the meeting in 1842 another wife of a highly respectable surgeon became a widow, with eleven children, very inadequately provided for, to whom a grant of £30 was also made, which came in well in aid of an extensive public subscription—making the grants of this year eight, and the whole amount £161. At the last anniversary, held three weeks ago, two additional pensioners were taken upon the list, and the amount granted was £206.

This brief sketch affords a very gratifying account of the benefits arising from the Medical Charitable Society of the West Riding, at this early period of its existence, without alloy from inability to relieve any proper object that has applied. No fair comparison can be made between this society and the Benevolent Charity of the Provincial Medical and Surgical Association, because the latter has not waited for an accumulated fund of subscriptions; besides that, its subscriptions are generally smaller and its field of operations wider.

The Benevolent Fund began its operations in 1836. In the first year two urgent cases were relieved by donations amounting to £60. In the following year relief was afforded to four cases, which appeared to have a strong claim on the charity. In the third year five cases were relieved with the sum of £55, and in the year following the sum of £75 was granted to four cases, while several other distressing cases were necessarily rejected from the want of means to relieve them. Hence may appear the necessity of encouraging local societies, limited to a moderate extent, which shall not be so overburdened by the number of applications as to reject any which are very urgent and suitable. By these means the General Benevolent Fund would be relieved, and so enabled to apply its subscriptions to cases which are not within the reach or rules of the local societies. At the annual meetings of the West Riding Charitable Society the gratifying business of disbursing its charity takes place, and the members afterwards dine together. This social and friendly meeting confers upon us, I believe, our full share of those benefits which are thus expressed as among the objects of the Provincial Medical and Surgical Association—"the maintenance of the honor and respectability of the profession, by promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession."

Gentlemen, though I have already detained you too long, I cannot close my address without again expressing my high sense of the honor you have conferred upon me, in appointing me to an office for which I am so inadequate, and which I have done nothing to deserve at your hands. If I have been an inactive member of the Association, and among other defaults I have never before attended one of your meetings, I hope it may be excused on the ground of declining health and strength. I view the rapid progress of the Association with surprise and admiration, and believe it will prove a powerful instrument of increasing and diffusing knowledge and zeal in our profession.

I should think myself highly remiss were I to lose this opportunity of offering a passing tribute of praise, however feeble it may be, to the merits and indefatigable industry of the original proposer and founder of this large and growing Association, Dr. Hastings; and trust that he may long continue to afford, though under a new title, the benefit of his important services in the management and support of this scientific institution.

At the conclusion of the opening address, the chairman called upon Dr. Hastings to read the report. In compliance with this request, Dr. Hastings read the report, which was as follows:—

REPORT OF COUNCIL.

It is with feelings of unmixed satisfaction that your council, for the eleventh time, congratulate the members on the increased and increasing success of this flourishing Association.

Transactions and Journal.

The publications of the Association have been continued. The eleventh volume of "Transactions," containing as important communications as any that have preceded it, has been delivered to every member who is not more than two years in arrear. The drawings by which the volume is illustrated are of an expensive kind, and have been executed at a considerable cost to the society. Owing to the number of members having increased beyond the calculation of the council, there are no volumes left for sale, excepting to make up sets to former purchasers, and for each of these a charge of twenty-one shillings has been made.

The Provincial Medical Journal has been steadily supplied throughout the year to members not in arrear; and your council have every reason to believe they shall come to an arrangement with the proprietors to continue it at a small additional cost to the Association. Your council also take this opportunity of offering their thanks to the editors, for having at all times shown a disposition to advance the progress of the Association.

Finance.

The supply of a weekly Journal to the members, and the publication of an expensive volume of Transactions, have necessarily entailed a very heavy charge upon the society; yet, notwithstanding this, your council are pleased to be enabled to report an increase in the balance held by the treasurer—a result which must be considered most satisfactory to every member of the Association. The income and expenditure are—

Income	£2102	14	4
Expenditure . . .	1488	17	9
Balance . .	£613	16	7

Members.

When the arrangement was originally made by the council to supply a weekly Journal, as well as an annual volume of Transactions, to every member, there was reason to expect a considerable accession of members; but during the past year this increase has been greater than had been anticipated. There are now upon the list, including honorary and honorary corresponding members, one thousand six hundred and twenty-eight members.

Your council have much pleasure in reporting that there is a diminution in arrears due from members since the last meeting, but still several members owe subscriptions for two and three years. These arrears are not defensible in any case, much less so in the case of a society which returns back to every member, in books, at least double the amount of the sum he subscribes. This conviction should be present to the mind of every associate, and should prompt all gladly to remit to the secretaries or treasurer what is due for subscriptions, the more so, as the remittance of small sums is now effected with little trouble to the party desirous of making it.

Medical Reform.

To none of the subjects, which have engaged the attention of the council during the year, has it been necessary to give more calm and cautious consideration than to the measures which have been adopted respecting the proposed changes in the organisation of the profession.

The anniversary meeting at Exeter confirmed the proceedings that had been adopted by the central council on this subject previous to August, 1842, and the members there present resolved unanimously to empower the same body to act as circumstances might require until the succeeding anniversary meeting. In the fulfilment of the trust thus deputed to them, your council have not failed to avail themselves of every opportunity to maintain, with vigor and alacrity, the great principles that have been agreed to at successive anniversaries, and, whenever opportunity has served, have endeavoured faithfully to convey to her Majesty's government, and to Parliament, the views which have been entertained by this numerous and influential Association.

In order to put the members in possession of what has been done, it will be desirable to trace the proceedings step by step as they have been adopted, for, by so doing, we shall more clearly indicate the measures which have successively been brought under the deliberation of your council.

Nothing concerning the contemplated legislation for the profession was brought before your council after the last anniversary until the 8th of October, 1842, when a letter was received from Dr. Barlow, of Bath, which had for its object to request the council to consider whether it might not be desirable—as there was reason to fear her Majesty's government were still in ignorance of the real nature of the question of medical reform, in reference to the peculiar state of the profession in the provinces—again to memorialise the principal Secretary of State, and to point out to him, still more fully and circumstantially than we had hitherto done, the recorded opinions of the Association.

Your council took much pains to ascertain how far such a memorial appeared to be called for; and having reason to believe, from various sources, that no definite plan had been determined upon by government, they did not hesitate in coming to the conclusion that it was their duty, by every possible means, to impress upon the mind of the Secretary of State the leading principles that had been uniformly maintained by the Association, as those only which could lead to a satisfactory adjustment of this long-agitated question; and they, therefore, on the 24th of November, agreed to the following memorial, which was ordered to be signed by the secretaries, and presented to Sir James Graham:—

"The Council of the Provincial Medical and Surgical Association, representing a numerous body of provincial medical practitioners, and impelled by an imperative sense of duty, beg leave respectfully to address you once more on behalf of those principles on which any bill for regulating the medical profession, to be at all appropriate to the existing exigencies, or effective of the ends designed, must be founded.

"In our former memorial we stated, as principles essential to any sound system of medical polity, uniformity of primary qualification, equal right to every member of the profession to practise throughout her Majesty's dominions, and the adoption of the representative system in the formation of the councils, or the governing bodies.

"Having reason to believe that the views of medical reform entertained by the Association which we have the honor to represent, and, as we conceive, by a large majority of the profession, are still imperfectly understood, we purpose submitting to you, on the present occasion, a few explanations which we deem necessary for obviating misconception, and laying before you, in their true light, the reforms which we seek.

"The main evil of the existing state of the profession is the want of an uniform legal qualification, such as would ensure that every member entering the profession was duly tested as to his competency for the discharge of his professional duties. Not only does the welfare of the profession, but that of the whole community, demand that this want shall no longer exist. For supplying it, no measure can be adequate which does not require every practitioner to qualify himself by obtaining the legal license to practise. The institution of one examining and licensing board for each division of the kingdom—these boards acting on an uniform system—being the only legislative measure required for attaining this end, and the only one by which it can effectively be accomplished, your memorialists respectfully submit that no modification of any existing institution can, by any possibility, qualify it for supplying the want here referred to.

"However perfect the present colleges might be rendered by renewed charters and enlarged powers, they could neither of them secure to the profession those qualifications for general practice, without which the interests of the community cannot be sufficiently protected, the full efficiency of the profession itself sustained, nor the just rights of its several members assured.

"In advocating the provision and legal enforcement of an uniform license to practise, your memorialists disclaim the slightest intention of lowering the profession to one grade, or of interfering in any way with the distinctions in practice which now exist, and have so long prevailed.

"Were they so heedless and rash as to meditate any such innovation, its absurdity and utter impractibility would nullify any attempts which they could make towards effecting it. But they have never contemplated any such irrational design. Under the reform which your memorialists seek, there would still be, as now, physicians, surgeons, and general practitioners.

"The general practitioner might or might not be content with the primary qualification and legal license. Both physicians and surgeons would add to it the honorary distinctions conferred by the Colleges of Physicians and of Surgeons. Even of the general practitioners, large numbers would seek the additional qualification of a surgical diploma, as the members of the Apothecaries' Company have very frequently done since the Apothecaries' Act was passed in 1815.

"It is obvious, then, that the measure advocated by your memorialists has no levelling tendency; and that, while it ensures the adequate qualification of the humbler member, it would neither impede nor discourage the aspiration for higher honors by which the more ambitious class of members would be incited.

"To provide that no one shall be allowed to endanger the lives of her Majesty's subjects by practising medicine unless completely qualified and legally licensed, is the bounden duty of the legislature. The adaptation of the practitioner to the varied and varying wants of the public, and the additional distinctions through which each may seek eminence in that department of practice to which he may more particularly devote himself, might be safely and beneficially left to the free will of the individual, and to those influences which will ever impel him to attain the highest elevation his circumstances permit.

"That members of the profession, duly tested as to their competency, and legally licensed to practise, should be free to exercise their vocation wherever their own interests should direct, it can need no argument to prove; and that those who have undergone a long and expensive course of study to attain the necessary qualifications, should receive adequate protection in the exercise of their acquired right to practise, seems equally clear. It is but just that the duly qualified medical practitioner should be protected from the encroachments of those who, not having obtained the required certificates of proficiency in medical knowledge, and, consequently, having no license to practise, are, it is to be presumed, unfit to be trusted with the cure of disease. Further, if the public benefit be intimately concerned in providing competent medical practitioners, it is equally evident that to authorise or connive at the practices of persons whose acquirements have not been sufficiently tested would be to render the contemplated legal provision of no avail, and to nullify all the good which might be expected to arise from it.

"The education and protection of the medical practitioners having been provided for on the ground of public advantage, your memorialists respectfully submit that the government of the several bodies into which it may be thought right to incorporate them, should, in accordance with the institutions of the country, inhere in themselves, and be conducted by representatives elected under such provisions as it may seem desirable after mature consideration to adopt.

"The existing corporations are altogether defective in this respect, their regulations being equally false in principle and injurious in effect. To illustrate this subject fully would extend this memorial to an inconvenient length, but should further elucidation of any kind be required, your memorialists would gladly appoint a deputation to give, verbally, whatever explanation might be needful, if they were honored with your consent to receive such deputation."

This memorial was politely received by the Home Secretary, and an assurance was given by him that it should received his attentive perusal, but no appointment was made for the deputation to wait upon him.

No further measure was taken in reference to this question until after the assembling of Parliament, but an active correspondence was kept up by the secretaries with those members who had devoted themselves to its consideration. Much uneasiness was expressed by several individuals that the government were perfectly silent as to their intentions, and a belief was entertained that it was contemplated to grant new charters to the colleges previous to any arrangement of medical legislation, as it affects the profession generally. Moreover, it appeared that, whilst the officers of the medical corporations were in frequent communication with Sir James Graham, no persons who could be supposed to feel an interest in the fate of the profession in the provinces had succeeded in obtaining an interview with the Home Secretary.

It was in this state of uncertainty as to the views of government, that, early in March, a member of the council, Mr. Martin, of Reigate, after communicating with your secretaries, determined on calling together the medical profession of the county of Surrey, to deliberate upon the prospect of medical affairs; and they unanimously resolved on sending a memorial to the Secretary of State, and a petition to Parliament. This movement received the cordial sanction of your council, and in consequence thereof they again met on the 28th of March, and unanimously resolved:—

"That this council consider it expedient, under the present circumstances of medical legislation, to call at an early day a meeting of the members of the medical profession resident in Worcestershire, to consider the propriety of sending petitions to both Houses of Parliament respecting the measures now in contemplation for the regulation of medical polity."

In order to ensure due publicity to the proceedings, a circular letter was sent to every legally qualified medical practitioner resident in Worcestershire, informing him of the object of the meeting, and of the time and place at which it would be held, and nearly one hundred circulars were distributed, besides which the meeting was advertised in the Provincial Medical Journal.

The result was, that a meeting, which was attended by physicians, surgeons, and general practitioners from all parts of the county of Worcester, was held at the council-room of the Worcestershire Natural History Society, on the 4th of April, and the following petition was unanimously adopted, and ordered to be presented to both Houses of Parliament:—

"That your petitioners, understanding that measures are in contemplation for reforming and regulating the profession generally, beg to represent to your honorable House, that no reform can be effectual or permanent, unless it provide for the efficiency and respectability of the whole profession, by securing uniformity of the primary qualification, tested by sufficient examination, equal right to every member to practise throughout her Majesty's dominions, and the adoption of the representative system in the formation of the councils, or governing bodies.

"That the supply of an adequately qualified class of general practitioners is of national importance, and that a legislative reorganisation of the whole profession has become of indispensable necessity, from several causes; and amongst others, from the various and incongruous modes by which medical practitioners procure admission into the profession—there being no less than sixteen different sources from which certificates of qualification may be obtained.

"Your petitioners, therefore, pray, that your honorable House would cause inquiry to be made into the present state of the medical profession, delaying any legislative measure which might lead to the granting of new charters to the Colleges of Physicians and Surgeons, until the whole subject of medical regulation and reform has been well and thoroughly investigated by a committee of your honorable House, and has undergone adequate discussion in Parliament."

Some idea may be formed of the unanimity of feeling upon this subject which exists in Worcestershire, by the fact that this petition was signed before it was presented to Parliament by about ninety of the one hundred practitioners, to whom circulars were sent announcing the meeting; and this shows very decidedly the alteration which has taken place in the sentiments of the great body of the profession as respects medical legislation. Indeed, this was also made apparent by meetings being subsequently held in several counties and large towns, where similar memorials to the Home Secretary and petitions to Parliament were unanimously adopted, at meetings which were numerously attended by highly respectable medical practitioners.

Your council felt highly gratified by this manifestation of unanimity of sentiment, a result which may fairly, in a great degree, be attributed to the exertions which have been made to effect that object by this influential Association; and they further determined that no means should be left untried to convince her Majesty's government that the members of the medical profession residing in the provinces take a deep interest in medical legislation, and are desirous that it should be settled on an enlarged and permanent basis. Your council, therefore, met again on the 19th of April, and resolved—

"That Mr. Pierpoint (a member of the council residing in Worcester) be requested to seek an interview with Sir James Graham, in company with the Honorable General Lygon, M.P., and Mr. Bailey, M.P., and present to him the memorial which has been this night agreed to, and that he also take an opportunity of explaining to Sir James Graham the strong feeling which exists in this neighbourhood in favor of the principles set forth in the petition from the medical profession in Worcestershire" relative to the proposed medical legislation.

The following is the memorial referred to:—

"The members of the council of the Provincial Medical and Surgical Association beg leave to represent to Sir James Graham, that they understand that a bill is likely shortly to be introduced into Parliament for reforming and regulating the medical profession generally.

"The council cannot resist respectfully stating that, in their opinion, no reform can be effectual or permanent unless it provide for the efficiency and respectability of the whole profession, by securing uniformity of the primary qualification, tested by sufficient examination, equal right to every member to practise throughout her Majesty's dominions, and the adoption of the representative system in the formation of the councils or governing bodies.

"The council would most earnestly press upon Sir James Graham the necessity that the state of the medical profession in the provinces, as well as in the metropolis, should undergo a searching investigation before any bill for the regulation of the medical profession, or any part of it, be introduced into Parliament."

Agreeably to this resolution, Mr. Pierpoint, in conjunction with General Lygon, communicated with Sir James Graham, who stated that he would not trouble the deputation to wait upon him until after the bill had been introduced into Parliament, as he had already received very full communications from the council in writing, and generally from the provinces, to which he would give his best attention.

Thus terminate the exertions of the council, which, although not at present crowned by success, give a much brighter promise for the future than on any former occasion. Much has this year been accomplished by calling forth so widely extended and so nearly unanimous an expression of sentiment as that which has taken place at several public meetings; and your council cannot doubt that if, when Sir James Graham's bill is brought into Parliament, the same desire is expressed to make its provisions suitable to the existing wants of the profession and of the community; and if the members of the council of this Association resident in the numerous localities, will meet and communicate with their representatives in Parliament, and will explain to them the leading principles that should alone be adopted in settling this important question, it must be brought to a satisfactory conclusion.

Poor-Law Medical Relief.

Since the last anniversary meeting no important advance has been made towards the settlement of this question. The expectations held out to the profession by the late President of the Royal College of Surgeons have not yet been realised, and the poor-law commissioners' medical order of March 12, 1842, has been but imperfectly carried into operation—so far from the remuneration of medical officers having been on the whole raised, your council have reason to believe that many boards of guardians have reduced the medical salaries, in consideration of the fees now ordered to be paid for certain surgical operations and attendances of rare occurrence. It also appears from their last annual report, that the poor-law commissioners adhere to their interpretation of English law, as respects the "qualification" of union surgeons. They still refuse to acknowledge the legality of those diplomas, which an Act of Parliament has expressly recognised and sanctioned for English prisons, and which the army, navy, and Honorable East India Company, have always admitted as of equal value with the diploma of the London College of Surgeons.

Prior to the present session of Parliament, your council addressed (from Worcester, as well as from the various district branches of the Association) a memorial to the Secretary of State, on the principal remaining defects in the administration of medical relief, which memorial was printed in the Provincial Medical Journal of February 4, 1843. The government not having proposed any amendments of the system in their Poor-law Bill recently introduced, your council have reason to fear that no further concessions are contemplated, and that the commissioners will remain uncontrolled in their direction of the medical department. That such should be the termination of the contest in which we have been so long engaged is deeply to be deplored. It is evident that the crowded, unorganized, and defenceless condition of the mass of the medical profession renders it incapable of that effectual resistance, which would be offered by both the other learned professions, to any measures calculated to injure their interests or impair their respectability.

Benevolent Fund.

The council have the highest gratification in stating that the annual subscriptions to the Benevolent Fund have greatly increased during the past year, as will appear from the treasurer's report. The central committee were enabled, after the anniversary meeting of the Association last year, to recommence their charitable labors, and have since that period afforded aid to a great number of urgent cases of distress, more detailed particulars of which will appear in the special report to be presented to the general meeting by the central committee; but so numerous are the claims to relief brought before the committee, that, notwithstanding the augmented means provided during the last year, the funds are again reduced to a low state, and the committee would urgently request the contributors to pay up any arrears of subscription that may be due, and earnestly appeal to every individual member of the Association to become a subscriber to this valuable charity.

Conclusion.

In concluding, your council may observe, that the present position of the Association involves its members in no ordinary responsibility. The influence which we have obtained will become a matter of grateful retrospection, if it be used to good and useful ends. No one can deny that the present posture of medical affairs requires calm, judicious, but at the same time energetic management. If we fail, now the hour of trial has arrived, to advocate just and proper measures for the settlement of the long agitated question of medical legislation, our estimation with the public will, in proportion to our failure of duty, be lowered.

Let us not, then, whilst we respectively endeavour to adorn our several stations by zealously prosecuting the science of medicine, and making the knowledge we possess available to solace and relieve suffering humanity, ever forget that we have fallen upon times in which the further duty has devolved upon us of improving the relations of our noble profession with the state, and of assisting to the utmost of our power in diffusing still more widely its blessings to distant generations.

Dr. Kenny moved a resolution "That the report now read be adopted and printed." In proposing this resolution, Dr. Kenny alluded to the able and lucid manner in which the above document was drawn up, and subsequently passed a well-merited eulogium upon their talented and industrious secretary, Dr. Hastings, with whom the Provincial Medical Association had originated, and under whose fostering care it had risen from its early Lilliputian size to its present gigantic stature, conferring in its progress most salutary benefits upon all classes of the community. Dr. Kenny dwelt with regret upon the circumstance of the Association being about to lose the invaluable services of Dr. Hastings as secretary, but rejoiced to know that those services were only to be transferred to a still more important and responsible position, in which the members of the Association might rest assured that his eminent abilities and unwearied zeal would be devoted, as they ever had been, to the future prosperity of this highly-important Association.

Mr. Salmon seconded the resolution, and in the course of his observations he pointed out the paramount importance of some legislative interference with regard to medical practice. Every man who valued his profession in society must be open to the conviction that it was the duty of the government to propose such alterations in the laws which regulated medical practice, as had long been thought to be indispensable, and which were so perseveringly recommended by all reflecting men. (Hear, hear.) The medical profession had already obtained something from the government, and if they had not acquired more, it was not owing to any indisposition on the part of the legislature, but to that accursed political feeling existing throughout the country, which stood in the way of every thing tending to the real amelioration of the present condition of society. He hoped that the members of this Association would not rest satisfied with a mere government assurance on the subject to which he had alluded, but that they would feel it their duty, individually and collectively, to see that the laws affecting their profession were placed upon a proper foundation. (Hear, hear.) It was now eight years ago since he (Mr. Salmon) first introduced, in London, the subject of a change in the constitution of the Royal College of Surgeons, and, in a worldly point of view, bitterly had he had occasion to regret having done so, for such a proposition had been productive of serious injury to him in private life. Viewed in another light, however, he felt happy in having pursued such a course, because he felt satisfied that he was only doing his duty as a Christian and as a member of the profession. (Applause.) He avowed, on the occasion to which he had alluded, and of that opinion he remained still, that until the government of the Royal College of Surgeons was conferred upon those who were *responsible*, it was impossible to expect from that body a judicious management of their duties. (Hear, hear.) He hoped that those members of the House of Commons, who had made themselves acquainted with the present state of the profession, and of the alterations required, would express their views on the subject, undismayed by the frowns of either one party or another, because there could be no doubt that in the metropolis there was a very large current at work—not to put an end to the proceedings of this Association, for that could not be done, seeing that they were founded in consistency and propriety—but to prejudice the interests of the provincial surgeons, and it was the progress of this current that they should endeavour to arrest. (Applause.)

The Chairman put the motion, which was adopted.

Dr. Hastings here observed, that probably some gentleman might be anxious to see the particulars of the receipts and expenditure of the Association during the last year. If so, that statement, signed by the auditors, was upon the table, and might be inspected. Did the members present wish that it should be read? (Loud cries of "No, no.")

Mr. Newnham had the pleasing task of proposing a resolution which required no arguments on his part to induce its adoption. It was, "That the thanks of the meeting be given to our late president, Mr. James, of Exeter." (Applause.) All those members of the Association who were at the annual meeting at Exeter, last year, could bear testimony to the very gentlemanly manner in which they were received by Mr. James, as well as to the efficient manner in which he discharged the duties of his office. (Hear, hear.) Independently of this, the character of Mr. James—his kind, liberal, and uniform attention to all members of the profession—must secure for the proposition which he (Mr. Newnham) had submitted, an unanimous expression of opinion. (Applause.)

Dr. Jeffreys had great pleasure in seconding the motion, and as this Association was more remarkable for actions than words, he would not detain the meeting by any lengthened observations of his own. He (Dr. Jeffreys) once attended at court for the purpose of presenting an address, and he had no hesitation in saying that if he had not had the assistance of Mr. James, he should have cut a very indifferent figure. (Laughter.)

The motion was put and carried.

Mr. James acknowledged the compliment which had been paid him. It had been the object of his life to promote the interests of his profession in every way in his power, and having still the same object in view, he strongly recommended this Association to the cordial support of every medical man in the kingdom. (Hear, hear.) They might rely upon it that his future services and exertions, such as they were, should never be wanting in furtherance of their common object. (Applause.)

Dr. Goldie proposed "That the thanks of this meeting be given to the Secretaries of the Association, Dr. Hastings and Mr. Sheppard, for their services during the past year." Dr. Goldie warmly eulogised the services of the above gentlemen, and pointed out the great sacrifices which they must have made in order to fulfil their arduous duties.

Dr. Conolly seconded the motion. He stated that he had been a member of the Association from its original foundation, and having, from various circumstances, held frequent communication with the secretaries, he could form an adequate idea of the immense labor that had devolved upon them, and which they had performed in so satisfactory a manner. (Hear, hear.) It was quite unnecessary for him to say more in support of the resolution.

The Chairman read a letter from Mr. Sheppard, in which he announced his intention of retiring from the office of secretary at the same time as Dr. Hastings, having been one of the original founders of the Association. Mr. Sheppard added that he had not the least hesitation in taking this step, as himself and colleague would leave them in a very flourishing state. We subjoin the letter:—

To the President of the Provincial Medical and Surgical Association, assembled at Leeds.

Sir,—Understanding from my friend Dr. Hastings, that it his intention at the present anniversary meeting of the Provincial Medical and Surgical Association to retire from the secretaryship, I beg to intimate through you, Sir, to the meeting, that it is my wish to withdraw from its services at the same time. Having had the honor, at the formation of the society, of being appointed honorary secretary, conjointly with Dr. Hastings, and as we have so long "kept together in our chivalry," I feel I ought to retire with him; and I do this with the less hesitation, as we leave the Association in a most healthy and flourishing condition, with a fair prospect that its influence will greatly extend; its finances are prosperous, its growing importance felt and acknowledged, and its position with the profession and the country such as to command and carry great weight and respect. That this state,

> "Like to the Pontick Sea,
> Whose icy current and compulsive course
> Ne'er feels *retiring ebb*, but *keeps due on*
> To the Propontick and the Hellespont.
> Even so"

May this Association long, very long after those who were concerned in its first formation, as well as all its present members, shall have passed from off this stage of earthly existence, continue its course, and "keep due on," growing in strength and usefulness, will be the anxious desire of,

Sir,
Your and the Association's obedient servant,
J. P. Sheppard.

Worcester, July 28, 1843.

The resolution of Dr. Goldie was then put and carried.

Dr. Hastings acknowledged the vote. He could assure the members of the Association that he considered it one of the most fortunate circumstances of his life when he became acquainted with this great body. When he contemplated the formation of the Association, he had no idea of the importance to which it would ultimately arrive. The duties of secretary he certainly then considered important, and, in some degree onerous, but he had no conception that they would ever acquire the magnitude which they had now assumed. He, therefore, now found that, with all his endeavours to fill the duties of the office, circumstances were daily and hourly arising which rendered it difficult, if not impossible, for him longer to continue in the active exercise of managing the details of this great and flourishing Association. (Hear, hear, and applause.) He would not detain the meeting by any mention of what were the circumstances which had tended to this, his determination, to which he had not come without a painful struggle. He might state, however, that professional duties and domestic anxieties had much to do with this resolution, but he could assure them that if in the more humble sphere of one of their ordinary members, he could devote his energies to the advancement of the great object they had in view, he should consider that one of the great desires of his heart would be accomplished. (Applause.) In retiring from the office of secretary, it afforded him great satisfaction to reflect that there was a gentleman who been closely connected with the Association 's commencement, into whose hands he should he trust with which he had been so long honored, with confidence that the interests of the Association would lose nothing by his (Dr. Hastings) retirement. It would be one of the glories of his life, let that life be long or short, to think that he had assisted in laying the foundations deep and broad of this great Association. If, year by year, they saw the structure more amply filled by disciples anxious to make this a temple devoted to science; and if, in the original formation of this Association, he had taken an humble and, in their opinion, an energetic part, he could only say, that, let the last moments of his life come when they might, he should reflect with unmixed satisfaction that he had in some degree been instrumental in forming an Association which promised, not only in their own day, much good, but which was likely to go down to distant times, conquering and to conquer, improving and advancing medical science, and making it more instrumental for the alleviation of human suffering. (Applause.)

Mr. Soden, of Bath, withdrew his motion "That parties in arrear should be published as a separate list," in consequence of many having paid up their arrears during the past year.

Mr. Soden proposed "That the second law of the Association be amended by substituting the words 'one or more,' in the place of the word 'two.'" He also proposed "That Dr. Streeten be appointed secretary, at a salary of £100 a-year."

Mr. Newnham seconded the proposition.

A long and desultory discussion ensued with reference to the salary proposed to be given to the secretary, some gentlemen contending that the sum of £100 was inadequate, whilst others were of opinion that the office ought to be an honorary one, as heretofore, leaving it to the option of the members, at their annual meeting, to make a donation to the gentleman filling the office. Among the latter number was Mr. Whiting, of Lynn Regis, who moved, as an amendment upon Mr. Soden's resolution, "That Dr. Streeten be appointed secretary, without any salary." This motion was not seconded, and, consequently, fell to the ground. The original motion was then put and carried.

Dr. Streeten acknowledged the honor conferred upon him, and assured the meeting that his humble services should be devoted to furthering the prosperity of the Association, and that, as far as he was able, he would endeavour to follow in the steps of his illustrious predecessor.

Dr. Conolly moved "That a permanent president be appointed to the council, who shall also act as treasurer, and that Dr. Hastings be requested to accept the office of president to the council. (Applause.)

Dr. Forbes seconded the motion, which was carried amidst acclamation.

Dr. Hastings accepted the office, and in doing so said that this renewed expression of their confidence, in placing him in this distinguished position, increased in a tenfold degree his endeavours to promote the prosperity of the Association." (Applause.)

Mr Hall moved, "That the thanks of this meeting be given to the council of the past year, and that they be requested to continue their services. ~~with the~~

lowing additional members, and that they be empowered to add to their number:—W. B. Dighton, Esq., Northallerton; F. Earl, Esq., M.D., Ripon; M. Jackson, Esq., Market Weighton; J. Muscroft, Esq., Pontefract; J. Outhwaite, Esq., M.D., Bradford; E. J. Shearman, Esq., M.D., Rotherham; F. E. Headlam, Esq., M.D., Newcastle-on-Tyne; Sir John Fife, Newcastle; C. Wightman, Esq., M.D., Newcastle; J. Dickinson, Esq., M.D., Liverpool; N. Bainbrigg, Esq., Liverpool; J. Inglis, Esq., M.D., Halifax; C. F. Favell, Esq., M.D., Sheffield; C. Thomson, Esq., M.D., Sheffield; H. Thomas, Esq., Sheffield; F. Branson, Esq., M.D., Sheffield; H. Dunn, Esq., Wakefield; T. G. Wright, Esq., M.D., Wakefield; W. Marsden, Esq., Skipton; A. Jubb, Esq., Halifax; M. S. Kenny, Esq., M.D., Halifax; T. Rayner, Esq., Bristol; H. Hemingway, Esq., Dewsbury; E. Scholfield, Esq., M.D., Doncaster; J. Crang, Esq., Timsbury; J. C. Cookworthy, Esq., M.D., Plymouth."

Mr. Simpson seconded the resolution, which was put, and adopted.

Dr. Barlow moved the following resolution:—"That the central council be empowered to act on behalf and in the name of the Association, in all matters connected with medical reform, for the ensuing year, and that on all points on which they may deem peculiar consideration requisite, they be requested to seek counsel, as their discretion may direct, from the following members:—Sir James, Clark, Bart.; John Forbes, Esq., M.D.; Charles Carter, Esq.; Thomas Martin, Esq.; R. Carmichael, Esq.; and the vice-presidents.

Dr. Conolly seconded the motion, and suggested the addition of the name of Dr. Barlow, which being made, the proposition was put from the chair, and agreed to.

Dr. Williamson called attention to the desirableness of passing a resolution, appointing a deputation to wait upon the government, to explain the views of the Association on medical reform, a course which he thought to be highly desirable, in consequence of the powerful antagonist principles which were at present employed to produce an impression in some degree hostile to the principles of medical legislation. Dr. Williamson thought that a deputation would produce a much greater effect than the presentation of a memorial, however ably such a document might be drawn up.

Dr. Barlow and several other members concurred in the views expressed by Dr. Williamson. The last-mentioned gentleman submitted a resolution on the subject, but in consequence of a difference of opinion as to the phraseology, the consideration of it was agreed to be deferred till the evening meeting.

The Chairman then called upon Mr. T. P. Teale to read some observations with reference to the excision of the upper jaw; but Mr. Teale not being present at the moment,

Mr. Nunneley read his paper "On the propriety of operating in cases of cataract where only one eye is affected." After the reading of the paper, a patient who had been thus operated upon was introduced, and examined by several of the members.

Mr. Teale next read a paper on the operation before mentioned, a detailed account of which will be found reported in the Journal of March 26, 1842, and March, 1843. Two patients thus operated upon were introduced and examined. Preserved specimens of the extractions were also exhibited.

The proceedings connected with the morning meeting terminated at five o'clock.

EVENING MEETING.

The members assembled in the evening at eight o'clock. The first business brought forward related to the propriety of appointing a deputation to wait upon the government, on the subject of medical reform.

Dr. Williamson, who had spoken upon the subject in the morning, now resumed the consideration of the question, and moved the following resolution:—"That, considering the incalculable importance of those interests which are involved, both public and professional, in the great question of medical reform, and the peculiarly critical circumstances in which that question is at present placed, a deputation of members of this Association be now appointed, to obtain, without delay, an interview with her Majesty's government, in order to explain those sound principles of medical legislation which they believe will alone be satisfactory to the profession and conducive to the welfare of all classes of her Majesty's subjects."

Dr. Robertson seconded the motion.

Dr. T. Smith suggested the necessity of "self-reform" before they appointed any deputation on the subject, for the very evils which were now complained of as existing in the management of medical institutions in the metropolis, also existed in the provinces, and therefore they could not consistently complain of one without first removing the other.

The Chairman inquired of Dr. Smith whether he intended to propose an amendment, and the latter, replying in the negative, the original motion was put and agreed to.

Some discussion ensued as to the mode of appointing the deputation, and it was ultimately determined that the appointment should be left with the president, Dr. Hastings, and the mover and seconder of the resolution.

Dr. Conolly read the following report of the Benevolent Fund, from which it appeared that the sum of £247 had been expended during the year:—

BENEVOLENT FUND OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

REPORT—1843.

The central committee for the management of the Benevolent Fund present their report this year to the Association with feelings of the highest gratification. After a suspension of their operations for more than two years, they have been enabled, since the last anniversary meeting, to resume their grateful labors, and have given relief, to a greater or less amount, to no less than twenty cases of the greatest distress and destitution; and the committee have much pleasure in stating that, in each case, the aid afforded has been most gratefully acknowledged, and they have reason to believe has been, in every instance, of the greatest possible value to the recipients and their families. The amount of distress and patient suffering that exists amongst the members of our profession is but little known even amongst ourselves; or the persevering struggles, under almost overwhelming difficulties, which is the lot of so many, in addition to all the anxieties inseparable from the practice of an arduous profession; many of these cases can only be known in a limited circle, or to such as your committee, whose more immediate duty it is to investigate their claims to the bounty of the fund; could the number and the nature of the appeals made be generally known, the committee feel that it would be unnecessary to add one word, so eloquently and irresistibly would those appeals speak to the benevolent feelings of every member of the profession..

Immediately after the anniversary meeting, held last year at Exeter, your committee proceeded to the investigation of a number of applications that were made to them; and, as was stated to the Association in a circular published in the early part of this year, and circulated with the eleventh volume of the Transactions, twelve urgent cases were relieved, and since that period eight more cases have been added to that list. Thus, altogether, *two hundred and forty-seven pounds* have been expended by the committee in charitable aid to twenty persons since the last annual meeting.

If anything more was necessary to urge the claims of this charity upon the consideration of all benevolent individuals, it would be to state the fact that amongst the objects relieved have been descendants of some of the greatest names in the annals of medicine—names of which we are all justly proud; but, alas! men whose fame and whose labors in the cause of humanity have not sufficed to protect their descendants from the evils of poverty, or the reverses of fortune, inseparable from all human affairs. Another most gratifying fact the committee have to state: A few years since they assisted a general practitioner, whose health having failed him, was reduced with his family to great distress; the assistance was most opportune and valuable; he recovered his health, and was enabled to resume his practice, and has now gratefully become an annual subscriber to the fund, anxious to aid in affording that assistance to others which was so beneficial to himself.

The committee feel assured that the knowledge of such facts as these will stimulate every member to contribute his mite to the fund, in proportion to the means with which Providence has blessed him, and even when it is done at the expense of some trifling self-denial, it will carry with it its own reward in the reflection that it has helped to solace the sufferings of a less fortunate brother, or, perhaps, assisted a bereaved widow and orphan family to obtain the necessaries of life.

By a reference to the treasurer's accounts, it will be seen that the available fund is again at a very low ebb, and that the power of the committee to do any good this year will entirely depend upon the amount of annual subscriptions received; they, therefore, trust that every friend of the charity will strenuously exert himself in the cause and collect subscriptions from every quarter. To effect this purpose, the committee beg to recommend to all the branches of this great Association the example set by the Southern Branch at their last annual meeting. They have appointed *three* stewards in different towns and counties of their branch, for the express purpose of collecting subscriptions in aid of the fund, to be forwarded to the general treasurer. If this plan were universally followed, there can be no doubt but a large sum might be collected, and the amount of good that would thus be effected is incalculable.

In gratefully acknowledging the increase of subscriptions in the past year, as compared with any former year, the committee feel that their thanks are especially due to several non-professional contributors, and to ladies who have kindly made collections for the fund.

In conclusion, the committee, whilst they congratulate the Association on the increase of the annual subscriptions, feel it their duty to state that the donation fund had not received proportionate augmentation, and as they consider this a very important feature of the charity as a means of hereafter enabling them to advance loans to those in temporary difficulties, or small annuities to the aged and infirm, they would beg earnestly to direct the attention of the members to this branch of the fund, which they indulge the hope will ere long, by means of donations and bequests, be in a state to fulfil the benevolent intentions of its founders.

J. Baron, M.D., President.
W. Conolly, M.D., Secretary and Treasurer.

The following is a short account of the cases relieved during the past year:—

1.—The case of a practitioner of high character, with a wife and seven children, but who from various causes had been unsuccessful in obtaining practice in England, decided to emigrate to Australia; in order to enable him to do so, a subscription was entered into by his friends, to which ten pounds was contributed from the fund, and most gratefully acknowledged.

2.—A general practitioner in London, but formerly practising in Hampshire, highly recommended to the committee by men of eminence in Hampshire and Wiltshire, with a wife and family, being in great distress, occasioned by long continued illness, received ten pounds.

3.—The widow of a general practitioner in Warwickshire (left destitute with a young family), after a tedious illness, contracted in the practice of his profession, had exhausted the slender resources of her husband, received ten pounds.

4.—The widow of a medical man in Shropshire, reduced to seek parochial relief, ten pounds.

5.—The widow and family of a general practitioner in Gloucestershire, to assist in obtaining some education for the children, ten pounds.

6.—An aged medical man in Yorkshire, ten pounds.

7.—An aged and decayed member of the profession, so reduced in circumstances as to become the inmate of a county hospital, ten pounds.

8.—The aged widow of a most respectable surgeon in Middlesex, left with a daughter totally unprovided for, ten pounds.

9.—A general practitioner in Gloucestershire, with a wife and fifteen children dependant upon him, had a bill for sixty pounds becoming due, which he was totally unable to meet, and his ruin appeared inevitable; on application to the committee, they agreed to advance *one-half* of the required sum, if the remainder could be raised by private subscription amongst his friends, which was done—thirty pounds.

10.—The daughter of a once celebrated professor at Edinburgh, and a god-daughter of the great Cullen, now in advanced life and great distress, recommended to the consideration of the committee by the widow of a late eminent physician, herself a liberal contributor to the fund, twenty pounds.

11.—A distressed mechanic, the son of a medical man, known to Dr. Hastings, two pounds.

12.—A youth, the descendant of an eminent physician, and one of the greatest benefactors of the human race, in poor circumstances, and without the advantages of education, has been apprenticed by the committee to a bookbinder and stationer—the fee, forty-five pounds, having been paid at two instalments—forty-five pounds.

13.—The wife of a medical man, who is insane, and so poor as to be an inmate of the pauper lunatic asylum at Hanwell, five pounds.

14.—The wife of a medical man in Australia, in aid of a subscription to enable her to join her husband, recommended by Dr. Hastings, five pounds.

15.—The widow and eleven children of a highly respectable practitioner in Suffolk, who died suddenly in his forty-first year, leaving his wife pregnant of her twelfth child, and all utterly unprovided for, ten pounds.

16.—The widow and seven children of a highly esteemed physician at Liverpool, whose death was very sudden, twenty pounds, strongly recommended by the Liverpool committee.

17.—The son of a respectable practitioner, formerly of Hereford, to assist his mother in placing him in a situation to obtain his livelihood, ten pounds.

18.—A respectable general practitioner at Bath, with a wife and three children, in extreme bad health and very distressed circumstances, to assist in enabling him to visit the coast of Devon, recommended for his health, ten pounds.

19.—The daughter of a late respectable surgeon in Warwickshire, who left a family of eighteen children, she being in such a bad state of health as to be unable to support herself at sixty-seven years of age, five pounds.

20.—The widow of a surgeon in Norfolk, sixty-nine years of age, and in distressed circumstances, five pounds.

Financial Statement for the Year ending June 30, 1843.

DONATION FUND.

	£	s.	d.
Balance in hand, July 1, 1842 . . .	895	15	11
Donations received from July 1, 1842, to June 30, 1843, inclusive	37	9	0
Interest for the year	10	8	2
Balance in hand ..	£443	13	1

SUBSCRIPTION FUND.

	£	s.	d.
Balance in hand, July 1, 1842 . . .	141	2	6
Subscriptions received from July 1, 1842, to June 30, 1843, inclusive . . .	137	2	0
	£278	4	6

	£	s.	d.			
Disbursed in aid of twenty distressed applicants .	247	0	0	257	1	0
Printer's bill . .	9	11	0			
Postage and stationery .	0	10	0			
Balance in hand . .				£21	3	6

List of Donations and Subscriptions to the Benevolent Fund, from July 1, 1842, *to June* 30, 1843.

DONATIONS.	£	s.	d.
R. C. Sherwood, Esq, Cheltenham . .	5	0	0
Dr Evans, Gloucester.	5	5	0
J. B. Estlin, Esq, Bristol	5	0	0
W. Mortimer, Esq, Clifton . . .	1	0	0
G. Allen, Esq, St. George's, Somerset .	1	1	0
— Besley, Esq, Exeter	1	1	0
J. W. Wickham, Esq, Winchester, amount of expenses for attending Conference in London	8	0	0
— Covey, Esq, Alresford	1	0	0
— Marshall, Esq, Wallingford	5	0	0
Dr Hardwicke, Kensington . . .	1	1	0
Dr Woodman, Chichester . . .	1	0	0
Anonymous, by T. T. Griffith, Esq, Wrexham	2	0	0
Dr Jeffreys, Liverpool	1	1	0
Total . .	£37	9	0

SUBSCRIPTIONS.

Arrowsmith, J. Y., Esq, Shrewsbury .	0	5	0
Agg, Thomas, Esq, Cheltenham . .	1	1	0
Bullen, —, Esq, Lynn Regis . . .	0	5	0
Beck, Dr, Ipswich	1	1	0
Baird, Dr, ditto	0	5	0
Booth, Eddison, Esq, Nottingham (two years)	2	2	0
Broughton, R., Esq, Ragton . . .	0	5	0
Bernard, Dr, Cheltenham . (two years)	2	2	0
Bottomley, George, Esq, Croydon . .	0	5	0
Bulley, John, Esq, Reading . . .	0	5	0
Bradshaw, Dr, ditto	0	5	0
Bellamy, —, Esq, Plymouth . . .	0	5	0
Besley, —, Esq, Exeter	0	5	0
Boisragon, Dr Theodore, Cheltenham .	0	10	0
Barnett, C. M., Esq, Alton . . .	1	0	0
Barlow, Sir G. H., Bart, Farnham . .	1	1	0
Bury, Roger, Esq, Over Darwin . .	0	5	0
Bucknall, F., Esq, Romsey . . .	0	5	0
Butler, C. H., Esq, Ingatestone . .	0	10	6
Beetenson, O., Esq, Wem . . .	0	5	0
Beddome, Dr, Romsey	0	5	0
Baron, Dr, Cheltenham	1	1	0
Barlow, Dr, Bath	1	1	0
Bartrum, J. T., Esq, ditto . (two years)	1	0	0

	£	s.	d.
Brookes, Joseph, Esq, Henley-on-Thames (two years)	0	10	0
Brown, J., Esq, Stourport	0	5	0
Bunney, Dr, Newbury	0	5	0
Creed, —, Esq, Bury St. Edmunds	0	5	0
Canmack, Dr, Spalding (two years)	0	10	0
Crosse, J. G., Esq, Norwich	0	5	0
Coster, Dr, Castle Cary	0	10	0
Clark, Willington, Esq, Sutton	0	5	0
Chaldicott, W., Esq, Dorking	0	5	0
Cowan, Dr, Reading	0	5	0
Colledge, Dr, Cheltenham	1	1	0
Collected at Exeter, after dinner	13	0	6
Cullen, —, Esq, Sidmouth	0	5	0
Croker, T. G., Esq, Bovey	0	10	0
Cookworthy, Dr, Plymouth	0	5	0
Crowfoot, W. H., Esq, Beccles (two years)	2	2	0
Covey, —, Esq, Alresford (two years)	0	15	0
Curtis, W., Esq, Alton (two years)	0	10	0
Ceely, R., Esq, Aylesbury	0	10	0
Collected by J. Thursfield, Esq, Bridgenorth	0	12	0
Crabbe, Alfred, Esq, Poole	0	9	0
Cooke, C. T., Esq, Cheltenham	1	1	0
Conolly, Dr, ditto	1	1	0
Mac Carrogher, Dr, Chichester	0	5	0
Coffin, —, Esq, ditto	0	5	0
Cole, Mrs, Kirby Moorside, Yorkshire	1	10	0
Cunliffe, Rev G., Wrexham	0	10	0
Collected by Mrs Jones, Long Melford, Suffolk	0	10	0
Carden, Dr, Bath	0	5	0
Cannon, Dr, Cheltenham	1	1	0
Dalton, W., Esq, Cheltenham	0	5	0
Durrant, Dr, Ipswich	0	5	0
Deighton and Co, Worcester	1	1	0
Devenish, —, Esq, Plymouth	0	10	0
Davey, Thomas, Esq, Ottery St. Mary	0	5	0
Durie, Dr, Blackburne	0	5	0
Dugdale, David, Esq, Burnley	0	5	0
Dugdale, Thomas, Esq, Blackburne	0	5	0
Dighton, —, Esq, North Allerton	0	5	0
Dick, Dr Paris, Tewkesbury	0	10	0
Duke, Abraham, Esq, Chichester	0	10	0
Duke, Allan, Esq, ditto	0	10	0
Dodd, A. T. S., Esq, ditto	1	1	0
Dickinson, J., Esq, Wrexham	0	10	0
Deene, R., Esq, Clitheroe	0	5	0
Ewen, —, Esq, Long Sutton	0	5	0
Evans, Dr, Gloucester (two years)	2	2	0
Estlin, J. B., Esq, Bristol	1	0	0
Edwards, John, Esq, Bampton	0	5	0
Ellis, —, Esq, Bakewell	0	10	0
E. B., by Mr James, Exeter	0	5	0
Elliott, R., Esq, Chichester	0	5	0
Engledue, Dr, Southsea	0	10	0
Evans, W. H., Esq, Bath	0	5	0
Eves, A., Esq, Cheltenham	0	5	0
Fiske, —, Esq, Saffron Walden	0	5	0
Fletcher, George, Esq, Croydon	0	5	0
Ford, —, Esq, Stratford-on-Avon	1	1	0
Fowler, Charles, Esq, Cheltenham (two years)	2	2	0
Feild, Dr, Torquay (two years)	2	2	0
Fuge, J. H., Esq, Plymouth	0	5	0
Fryer, John, Esq, Bewdley	0	10	0

	£	s.	d.
Frazer, Dr, London	0	5	0
Foaker, Leonard, Esq, Budden, Essex	0	10	6
Fawsitt, Thomas, Esq, Oldham	0	5	0
Goldie, Dr, York	0	5	0
De la Garde, P. C., Esq, Exeter	1	1	0
Gillard, —, Esq, Totness	0	5	0
Gruggen, J. P., Esq, Chichester	0	10	0
Gruggen, W., Esq, ditto	0	10	0
Griffith, T. T., Esq, Wrexham	2	2	0
Griffith, T., Esq, ditto	1	0	0
George, R. F., Esq, Bath	0	10	0
Gosling, F., Esq, Worcester	0	5	0
Gough, Thomas, Esq, Kendal	1	1	0
Hardwicke, Dr, Kensington	0	5	0
Holman, H., Esq, Hunt Pierpont	0	5	0
Harrinson, T., Esq, Reading	0	5	0
Hale, Dr, ditto	0	5	0
Herons, W., Esq, Bath	0	5	0
Harris, Rev R., Dudley	0	5	0
Houghton, Edward, Esq, Ormskirk	1	1	0
Hindle, Dr, Subden	0	5	0
Hewlett, Thomas, Esq, Harrow	1	1	0
Hitch, Dr, Gloucester	1	1	0
Hurlston, —, Esq, Chichester	0	10	0
Heaslop, —, Esq, ditto	1	1	0
Hills, —, Esq, Arundel	0	10	0
Hawkins, C. J., Esq, Cheltenham	0	5	0
Husband, W. D., Esq, York	0	5	0
Halkard, H., Esq, Molsley	0	5	0
Hastings, Dr, Worcester	1	1	0
Jeston, —, Esq, Henley	0	5	0
Jeffreys, Dr, Liverpool	1	1	0
Jackson, —, Esq, Market Weighton	0	10	0
Ingledew, W., Esq, Cheltenham	1	1	0
Joce, J., Esq, Swinbridge	0	5	0
Jones, —, Esq, Shefford	0	5	0
Jones, —, Esq, residence not known	0	5	0
James, J. H., Esq, Exeter	1	1	0
Johnson, —, Esq, Norwich	1	1	0
Kane, —, Esq, Exmouth	0	10	0
Kempson, T., Esq, Dudley	0	10	0
Kempson, Mrs, ditto	0	5	0
Knowles, E. G., Esq, Farnham	0	10	0
Kidd, Dr, Oxford	1	1	0
King, —, Esq, Hartest, Suffolk	0	5	0
Lucas, Dr, Exeter	0	5	0
Lambert, —, Esq, Thirsk	1	0	0
Lingen, Dr, Hereford (two years)	2	0	0
Leach, —, Esq, Chichester	0	10	0
Lewis, G., Esq, Wrexham	1	0	0
Lowder, Dr, Bath	0	5	0
Lloyd, Dr	0	5	0
Lamb, A., Esq, Newbury	0	5	0
Morris, E., Esq, Spalding	0	10	0
Murial, —, Esq, Wickham Market	0	5	0
Martin, Thomas, Esq, Horsham	0	5	0
Martin, Thomas, Esq, Reigate	1	1	0
Martin, Peter, Esq, ditto	0	5	0
May, George, Esq, Reading	0	5	0
Morris, Pryce, Esq, Shrewsbury	0	5	0
Moggridge, —, Esq, Bovey Tracey	0	5	0
Mortimer, W., Esq, Clifton	0	5	0
Mellor, —, Esq, Greenhays	0	10	0
Martin, Dr, Ventnor, Isle of Wight	0	10	6
Merry, W. H., Esq, Exeter	0	5	0

	£	s.	d.
Munn, R. W., Esq, Gloucester	1	1	0
Marsden, Dr, Exeter	0	5	0
Milsom, R. O., Esq, Swineshead	0	5	0
Mather, J., Esq, Ashton-le-Willows	0	5	0
Martland, R., Esq, Blackburne	0	5	0
Martin, J. P., Esq, Pulborough (two years)	2	2	0
Mason, W., Esq, Chichester	0	5	0
Murley, S. H., Esq, Cheltenham	1	1	0
Milnthorpe, Esq, Topcliffe, Yorkshire	0	5	0
Morgan, Dr, Bath	0	5	0
Mansford, T. G., Esq, ditto	1	1	0
Newnham, W., Esq, Farnham	1	1	0
Ness, —, Esq, Helmesley	0	5	0
Norman, George, Esq, Bath (for 1841-2)	1	0	0
Oswald, —, Esq, Douglas, Isle of Man	0	5	0
Priest, —, Esq, Burnham	0	5	0
Parker, Dr, Overton	0	5	0
Pope, Thomas, Esq, Cleobury	0	5	0
Peacock, —, Esq, Melbourne	0	5	0
Page, John, Esq, Kirton	0	5	0
Pickop, E., Esq, Blackburne	0	5	0
Poyser, Thomas, Esq, Wirksworth	0	10	0
Palmer, Dr, Newbury	0	5	0
Rose, —, Esq, Swaffham	0	5	0
Rice, D., Esq, Stratford-on-Avon	0	10	0
Ricketts, M., Esq, Droitwich	0	5	0
Rose, —, Esq, High Wycombe	0	5	0
Robinson, Rev Mr, Burnley	0	5	0
Rattenbury, W., Esq, Plymouth	0	5	0
Riley, Miss, Chichester	0	5	0
Rowland, W., Esq, Wrexham	1	0	0
Rumsey, —, Esq, Henley (two years)	0	10	0
Ray, Samuel, Esq, Ashton-under-Lyne	0	5	0
Robertson, Dr, Brixton	0	5	0
Ryder, Henry, Esq, Weyhill	0	5	0
Strutt, W., Esq, Norwood	0	5	0
Smith, Thomas, Esq, Crawley	0	5	0
Steele, Thomas, Esq, Reigate	0	5	0
Smith, Dr R. P., Reading	0	5	0
Square, —, Esq, Plymouth	0	5	0
Surrage, T. L., Esq, Clifton	1	0	0
Smith, —, Esq, Weyhill	0	5	0
Staniland, S., Esq, Leeds	0	10	0
Stansfield, Dr, Aurington	0	5	0
Smitherwaite, —, Esq, Burnley	0	5	0
Slater, Dr, Teignmouth	0	5	0
Spender, T. C., Esq, Bath	0	5	0
Stockwell, T., Esq, ditto	0	5	0
Soden, J. S., Esq, ditto	0	10	0
Symes, J. F., Esq, Axminster	0	5	0
Tudor, W., Esq, Bath	2	0	0
Thompson, C. M., Esq, Westerham	0	5	0
Tinney, W. S., Esq, Ottery St. Mary	0	5	0
Torr, T. B., Esq, Barnstaple	0	5	0
Thursfield, J., Esq, Bridgenorth	0	15	0
Tyache, Dr, Chichester	0	10	0
Turner, —, Esq, Singleton	1	1	0
Thursfield, W., Esq, Bridgenorth	0	5	0
Valentine, —, Esq, Somerton	0	5	0
Viner, Charles, Esq, Reading	0	5	0
Wilkinson, W. C., Esq, Spalding	0	10	0
Whytehead, Dr, Easingwold	0	10	6
Webb, M., Esq, Wellington, Salop (three years)	0	15	0
Webb, J. F., Esq, ditto	0	5	0
Wallace, Edward, Esq, Carshalton	0	5	0
Ward, Joshua, Esq, Epsom	0	5	0
Westall, Edward, Esq, Croyden	0	5	0
Watson, Dr G. C., Liverpool	0	5	0
Workman, T. J., Esq, Reading	0	5	0
Woodhouse, Dr R., ditto	0	5	0
Walker, T. D., Esq, ditto	0	5	0
Walford, T. L., Esq, ditto	0	5	0
Winford, S., Esq, Ottery St. Mary	0	5	0
Weddell, —, Esq, Thirsk	0	5	0
Wreford, J., Esq, Ottery	0	5	0
Workman, Thomas, Esq, Basingstoke	1	1	0
Williams, Hugh, Esq, Hants	0	10	6
Wilding, R., Esq, Blackburne	0	5	0
Wraith, H. T., Esq, Over Darwin	0	5	0
White, Dr, Alton	0	10	0
Winter, T. B., Esq, Brighton	1	1	0
Williams, E., Esq, Wrexham	0	5	0
Williams, Dr, Denbigh	0	10	0
Williams, R. S., Esq, ditto	0	10	0
Young, Edward, Esq, Henley-on-Thames (two years)	0	10	0
Total	£137	2	0

The Subscription List for 1840-41 *having only been made up to June* 1, 1841, *the following Subscriptions, which were received during the month of June,* 1841, *have hitherto inadvertently been omitted to be published, although they were included in the Financial Statement presented at York for that year.*

	£	s.	d.
Chalmers, Dr, Everton, Liverpool	0	5	0
Beddome, Dr, Romsey	0	5	0
Coles, H., Esq, Cheltenham	0	10	0
Fowler, Charles, Esq, ditto	1	1	0
Cannon, Dr, ditto	1	1	0
Barlow, Dr, Bath	1	1	0
Soden, J. S., Esq, ditto	1	0	0
Watson, Dr James, ditto	1	1	0
George, R. F., Esq, ditto	0	10	0
Norman, G., Esq, ditto	1	1	0
Hay, G. E., Esq, ditto (five years, prospective)	5	0	0
Rex, —, Esq, St. Neots	1	0	0
Bunney, Dr, Newbury	0	5	0
Cammack, Dr, Spalding	0	5	0
Rose, C. B., Esq, Swaffham	0	5	0
Scott, P. N., Esq, Norwich	1	1	0
Baird, Dr, Ipswich	0	5	0
Young, James, Esq, Wells, Norfolk	0	5	0
England, Dr, Wisbeach	1	1	0
Jeaffreson, W., Esq, Framlingham	1	1	0
Wales, G., Esq, Downham Market	0	5	0
Bullen, Thomas, Esq, Lynn Regis	0	5	0
Total	£18	13	0

Mr. Newnham moved "That the report of the Benevolent Committee be received and adopted, and that the thanks of this meeting be given to them for the exertions they have made to increase the funds of this important branch of the Association.

Mr. W. Hey, jun., seconded the motion.

A lengthened discussion ensued, occasioned by some observations which fell from Dr. Cowan, as to the inadequacy of the fund appropriated to the purposes of benevolence. That gentleman suggested the desirableness of increasing the annual subscription of the members from £1 1s. to £1 10s., leaving the augmentation of 9s. to constitute the Benevolent Fund, by which plan an income of £700 would be raised, applicable to the above purpose. On the other hand, it was argued that a benevolent fund was only a subordinate object of the Association, and that to carry out the plan recommended by Dr. Cowan would be to destroy its constitution. The resolution moved by Mr. Newnham was adopted, Dr. Cowan giving notice that, at the next anniversary meeting, he should move a resolution to increase the subscriptions to the amount before specified.

Mr. W. Hey read his paper "on the Retrospect of Surgery," which, as it will be given in the next volume of the Transactions of the Association, it is unnecessary here further to allude.

Mr. James moved, "That the thanks of this meeting be given to Mr. Hey for his eloquent and able address on surgery, and that he be requested to allow the same to be printed in the next volume of the Transactions of the Association."

Mr. Estlin seconded the resolution, and it was adopted.

Dr. Simpson moved, "That Dr. Cowan be requested to deliver the retrospective address on medicine at the anniversary meeting of 1844."

Mr. Turner seconded the motion, which was carried.

It being now nearly midnight, it was thought unadvisable to proceed with any further business, and an adjournment to the following morning took place.

THE BREAKFAST.

The breakfast provided by Mr. Wilks, of the White Horse Hotel, took place in the large room of the Commercial-buildings on Thursday morning. Nearly 100 gentlemen were present.

VISIT TO THE MILLS.

After the repast the members proceeded to view the extensive cloth manufactory of Messrs. Gott and Sons, at Bean Ing. They were politely conducted through rooms appropriated to the various stages of the manufacture, by Mr. Dixon, one of the partners in the firm. They also inspected the ground set apart by Messrs. Gotts, on the principle of the allotment system, for the benefit of their workpeople. The high state of cultivation exhibited called forth warm feelings of admiration. From this manufactory the members proceeded to the flax spinning establishment of the eminent firm of Messrs. Marshall and Co., in Water-lane. Here was presented to the astonished visitors one of the most stupendous specimens of commercial enterprise to be found in Europe, and probably in the world. The new mill of Messrs. Marshall and Co. is an undivided apartment, and occupies no less a space of ground than two acres and a half. It is entirely filled with beautiful and costly machinery, and this immense place, as viewed from one end to the other, presents to the eye of the beholder one of the most extraordinary and interesting objects which the imagination can depict. After leaving the mill, the members visited the school connected with the establishment, where a large number of children of both sexes are instructed on the combined system of Bell and the British and Foreign School Society. The members expressed themselves highly delighted with their visit to both these manufactories.

CONTINUATION OF GENERAL MEETING.

The members again assembled in the Philosophical Hall at twelve o'clock, W. Hey, Esq., in the chair. The attendance was about the same as that of the previous day.

Dr. Williamson moved, "That Dr. Riley, of Bristol, be requested to deliver the Retrospective Address on Anatomy and Physiology at the anniversary meeting of 1844."

Mr. Flower seconded the motion, and it was agreed to.

Dr. Shapter read his paper "On the Retrospect of Medicine," the conclusion of which was followed by much applause.

Dr. Jeffreys moved, "That the thanks of this meeting be given to Dr. Shapter for his excellent and acceptable address, and that he be requested to publish the same in the next volume of the Society's Transactions."

Mr. Hodgson seconded the motion, which was adopted amidst acclamation.

Dr. Williamson called attention to the resolution passed on the previous night, relative to the appointment of the deputation to wait upon the government on the subject of medical reform, and moved that the following gentlemen be constituted the deputation for that purpose:—Mr. Hey, Mr. James, Dr. Robertson, Dr. Hastings, Mr. Martin, Dr. Hardwick, Dr. Conolly (Hanwell), Dr. Conolly (Cheltenham), Mr. Wickham, Mr. Toogood, Mr. Nunneley, Mr. W. Hey, Mr. Turner, Dr. Hopper, Dr. Lankester, Dr. Favell, Dr. Williamson, Mr. Norman, Mr. T. P. Teale, Dr. Simpson, Mr. Husband, Mr. Jackson, Mr. Warkman, Dr. Jeffreys, Mr. Estlin.

Mr. Hall seconded the resolution.—Agreed to.

Dr. Williamson alluded to the possibility of Sir Robert Peel and Sir James Graham refusing, on the ground of public business, to receive the deputation, and in order to provide against such a difficulty, he moved the following resolution:—"That it be an instruction to the central committee to appoint a deputation to wait on government, if it appear to them expedient, at any time before the next general meeting, and that the council of the several district bodies be requested to send delegates to meet the deputation in London."

Mr. Garlick seconded the resolution. Agreed to.

Mr. Martin, moved, "That the anniversary meeting for the year 1844, take place at Northampton, and that Archibald Robertson, M.D., be appointed president elect.

Dr. Hardwick seconded the proposition. Agreed to.

Dr. Robertson acknowledged the compliment paid to Northampton, and assured the members that himself and the other medical men in Northampton and the neighbourhood would use their best exertions to give *eclat* to the meeting.

Mr. James read a paper " On the Treatment of Accidents."

Mr. Estlin read a paper, " Practical Remarks upon Injuries to Iris, and on Artificial Pupil."

Mr. W. Hey laid upon the table a model of an inclined plane, sent by Mr. Alderson, of York, which that gentleman thought would be an improvement in the mode of treating double fractures.

Dr. Chadwick moved, " That the thanks of this meeting be given to Dr. Green and Dr. Streeten for the liberal arrangements made by them for the supply of the Provincial Medical Journal to the members of the Association." In moving this resolution, Dr. Chadwick said that when it was remembered that by the establishment of this Journal and its connection with the Association, five hundred members had been added to that body, he thought the meeting could not hesitate to adopt unanimously the resolution he had proposed. (Applause.)

Dr. Branston seconded the motion, and it was passed with acclamation.

Dr. Streeten returned thanks. He observed that it was a source of great satisfaction to himself, as it would be to his colleague, Dr. Green, to find that the Journal was giving satisfaction to the profession. It would be their special endeavour to make it as much as possible the organ of the Association. (Hear, hear.) If gentlemen had any communication to make on cases occurring in their own practice, which they thought to be of sufficient interest, they would be thankfully received; for of course it was understood that the support of the Journal and the value which it would really derive in the eyes of the Association and the members of the profession generally, must depend on such communications being made from time to time. (Applause.)

Mr. Sibson gave an interesting and highly valuable account of the relative positions of the different organs of the chest and abdomen in health and disease, as traced by an ingenious mechanical contrivance of his own and Dr. Hodgkin's, and illustrated by diagrams. At the conclusion of his observations, Mr. Sibson said that the diagrams which he had exhibited had originally been prepared for his own private information, but at the request of his friend, Dr. Hodgkin, of London, he was induced to bring the facts which they illustrated of them before the Association. (Applause.) It would be a source of great pleasure to him to find this important branch of medical science pursued by the younger members of their profession, for it was a fertile field, rich in facts, a familiar acquaintance with which would be productive of great advantage to the practitioners and benefit to the community.

Dr. Forbes passed a warm eulogium on the highly talented lecture which Mr. Sibson had detailed, and dwelt upon the vast importance of the facts he had communicated. He expressed a hope that Mr. Sibson would put his lecture in writing, in order that it might be published in the Transactions of the Society, accompanied by copies of the illustrations which he was so well able to furnish. (Applause.) It was now twenty years ago since he (Dr. Forbes) first began to pay attention to this branch of human disease, and if he had then had the information now communicated, instead of wasting his time in the toilsome pursuit of facts, he should have learned those facts in one-twentieth part of the time. (Applause.)

Mr. Beaumont expressed himself in similar terms of admiration.

Mr. Sibson, amidst much applause, declared his willingness to comply with the request made by Dr. Forbes. He subsequently exhibited an apparatus (a substitute for the bellows) for carrying on artificial respiration, during suspended animation, whether in those under the influence of neuralgia, as proposed by Mr. Waterton, of Walton Hall, near Wakefield, in hydrophobia, or in other cases.

Mr. Newnham read a paper " On Professional Empiricism," which drew forth much applause. Mr. Newnham produced the copy of an original letter from Paracelsus to Erasmus, which he read, to the no small amusement of the members.

Mr. Casson related a case of the extraction of a stone from the trachea of a girl six years old, by the operation of tracheotomy.

Dr. Streeten read the abridgment of a paper, embodying additional remarks on the blood corpuscles, by Mr. Addison.

The Secretary announced that this was the last paper which would be read.

Dr. Favell proposed that the thanks of this meeting are due, and are hereby given, to those who have read cases and presented communications to this meeting."

Dr. Robertson seconded the motion, and it was passed amidst acclamation.

Dr. Lankester moved, " That the thanks of this meeting be given to the Leeds School of Medicine, and to the Council of the Philosophical and Literary Society, for the liberal use of their apartment for holding the meetings of the Association.

Mr. Jackson seconded the resolution.

Mr. Hey then vacated the chair, which was taken by Dr. Jeffrey, of Liverpool.

Dr. Hastings moved, " That the thanks of this meeting are justly due, and that they be given, to the worthy president, Mr. Hey, for his unwearied attention to the duties of his office during the sittings of the Association at this anniversary meeting."

Dr. Jeffrey seconded the motion, which we need scarcely say was adopted amidst much applause.

Mr. Hey briefly returned thanks, and the business of the meeting was brought to a termination at five o'clock.

THE DINNER.

The dinner took place in the large rooms of the Commercial-buildings, at six o'clock in the evening, W. Hey, Esq., in the chair. The vice-chairmen were Dr. Hopper, Mr. Smith, and Mr. T. P. Teale. About

150 gentlemen were present. The *materiel* was supplied by Mr. Wilkes, of the White Horse Hotel, and the dinner, in all its departments, was such as to maintain the high reputation which Mr. Wilkes has acquired. The dessert was of an elegant character, several gentlemen connected with the immediate neighbourhood of Leeds having sent pines and grapes from their hot-houses. The wines, too, deserve equal commendation.

On the withdrawal of the cloth, *Non Nobis Domine* was sung by a talented party of glee singers, who, in the course of the evening, gave several favorite and admired airs.

The toasts, "The Queen," "The Queen Dowager," "Prince Albert," "Albert, Prince of Wales, and the rest of the Royal Family," followed in succession, and were each accompanied by three times three.

The Chairman said that, having paid their respects to royalty, he should now propose a toast which would be drunk with enthusiasm, for it might emphatically be called the toast of the evening. It was, "The Provincial Medical and Surgical Association, and Dr. Hastings, as founder." (Loud applause.) As these two parts of the toast must always be associated in their minds, it was fitting that they should be joined together on this occasion. (Hear, hear.) He (the chairman) had been a member of the Association from its commencement, and he must frankly own that in the beginning he was not quite so sanguine as to its stability and efficiency as many others were; but he was now free to confess his error, and to say that he believed the Association would prove quite a new era in the medical history of the provinces, by eliciting talent, by propagating zeal in every department, and generally, by raising the character of the profession. (Hear, hear, and applause.) Its rapid progress brought to his mind a trifling anecdote of his father, which, perhaps, he might be permitted to mention. (Hear, hear.) He was presiding at the anniversary of a society to which he was much attached, and to the success of which he had been an ardent contributor, and he held in one hand the report for the first year, comprised in a few pages, and in the other a thick octavo volume. Holding up the first, he said, "Here you see the child of a year old, and here you see the child of eight years' old." (Applause.) The progress of this Association formed no unworthy parallel. In the first year the number of members was only 230, and now, at the eleventh anniversary, it comprised about 1600. (Hear, hear.) To what extent this increase might attain, it was impossible yet to tell. The leaven seemed to be working in the mass, and he trusted the process would go on until the whole was leavened. In the borough of Leeds it was quite clear that the Association was not declining, for, during the year just closed, the number of members had increased fourfold, and the proportion was not much less in the Riding. (Hear, hear.) His hearty wishes were that it might long go on prospering and to prosper; and with these few observations he begged to propose the toast which he had already announced. (Applause.)

The toast was drunk with three times three, and "one cheer more" for Dr. Hastings.

Dr. Hastings, on rising to respond, was greeted with enthusiastic and continued cheering. He said he hoped that they would not think him insensible to their great kindness if he should fail properly to express those feelings of gratitude which at that moment penetrated his breast, in consequence of the overwhelming kindness which on this, as on all former occasions, they had shown towards him. They might rest assured that the happiest moments he had spent in public had been those which he had spent in connection with this Association; and he considered it one of the proudest circumstances of his life that he happily was connected with his friends, some of whom were around him, and especially with Mr. Hey, in the formation of this great and rising Association. (Cheers.) He could assure them that it had been with great pain that he had been compelled to separate himself, in part, from some of the laborious duties which were attached to the office he so long held with so much gratification as their secretary; but there were circumstances which he need not mention to them—circumstances of a pressing and private nature rendered it imperative on him to diminish his public avocations. But in thus separating himself from the duties of secretary, he could assure them that he had intended to have fallen back into the ranks of an ordinary member of the Association, and to have done his duty in that position zealously and indefatigably. (Cheers.) They had, however, on this occasion bound him by a new tie to this Association and to themselves, and, instead of allowing him to fall back into that position for which he was better qualified ("No, no"), they had thought fit to elevate him to the position of president of the council—a position most honorable, and one which he would endeavour faithfully to fulfil, by zealously co-operating with them in seeking to carry out every part of the great objects of this glorious Association. (Cheers.) It was, indeed, a great satisfaction that at this moment, when he resigned the secretaryship, after eleven years spent in the administration of its affairs, to find that he left it in a prosperous and flourishing condition. (Hear, hear.) Happy, indeed, would it be if all associations of this nature, at the end of eleven years, could give so good an account of their finances, by showing, after spending large sums of money for the benefit of members or their body, a balance such as this Association was able to show at this anniversary. (Hear, hear.) He (Dr. Hastings) considered, as Mr. Hey had well observed, that the establishment of this Association formed a new era in the history of provincial medicine. (Hear, hear.) He considered that this attempt, in which they had succeeded, was one that had been made by as great men in the profession as any of those who had ever flourished in the provinces—men to whom the works of Parry and Jenner were familiar. It was evident that on many occasions they had made similar attempts to form a society somewhat like this in the provinces, but circumstances were not ripe for the occasion, and they were compelled to regret their inability, on any scale commensurate with its importance, to carry out a design of that nature. The advancing progress of civilisation, and the facility of intercommunication, had been one of the chief causes that had led to the success of the experiment which, in former times, had failed. Railways had been a great friend to the progress of this Association, by bringing persons from north and south, and east and west, to congregate on this occasion, to communicate the knowledge which, day by day, their practice had enabled them to acquire. (Hear, hear.) Perhaps, on this occasion, he might say, that the formation of this Association went a little further back than eleven years. He mentioned this because he believed it was not generally known to the body of the profession that the commencement of the effort, which eventually terminated in the formation of this institution, was the publication of the "Midland Reporter," first issued from the press at Worcester, in the year 1828. That journal went on obtaining a certain degree of support, and probably would have continued its existence if it had not so happened that an end was put to it by the failure of the bookseller. That circumstance, which appeared to be so unfortunate, was the very thing that gave rise to this Association. They laid their heads together; he (Dr. Hastings) communicated by letter with Mr. Hey, and, in consequence of stating to him the probability that an association such as this might be formed, a meeting of medical men, favorable to the project, was held in Worcester in the year 1832, and then the objects which they had since steadily pursued were stated to be those which should engage the attention of the Association. Those objects were at once scientific and social—the collection of facts in hospital and private practice, and the cure of epidemic and endemic disorders. How did they attempt to carry out these objects? It was proposed that they should publish annually a volume of Transactions, which should be devoted to these subjects, and which should give to the world the facts that might be collected from the profession in the provinces. They had published eleven volumes of these Transactions, and in every volume attention had been given to those subjects for which, in the first instance, the Association was formed. He thought they might appeal to these Transactions as giving evidence that the members of the provinces were actuated by no ignoble desire to push forward medical science, but that they were anxious to confer, and had already conferred, great benefit on the community at large. (Hear, hear.) These Transactions might not have done everything that zeal and energy were calculated to accomplish, but they had brought together a great quantity and variety of knowledge which could not have been collected but by means of this Association. (Hear, hear). He would strongly impress upon the members not to allow the success of past exertions to relax those of the future, but that they would rather renew those efforts to impart a still higher degree of attractiveness and a greater value to the character of these Transactions, and by every means in their power to facilitate the collection of those facts which are likely to be beneficial in raising the great superstructure of medical science on facts and experiment. (Hear, hear.) He hoped that those gentlemen connected with hospital practice would enrich the Transactions of the Association with more copious reports. If they might be said to have failed in any respect, it was in this, that the reports to which he had alluded had been fewer in number than was desirable, and he would take the opportunity of saying that he did not come forward with any undue zeal, or puffed up with the imagination that they had done all that was attainable in this way. There was another subject which did not appear to be sufficiently appreciated by the great body of the medical profession—he meant the cultivation of medical topography. (Hear, hear.) Before the establishment of this Association, go where they might, they could obtain no information as to the state of disease in the localities, but in each volume of the Society's Transactions they had presented valuable statistical accounts of disease in large towns, and particularly from the West of England, and he thought that if they had done nothing else than present information on the subject of medical topography, they had done that which would be a monument worthy of the Association and of the age in which they lived. (Hear, hear, and cheers.) He would also beg leave to say that, with respect to the Journal, on which a great deal of discussion had taken place, that he considered the connection of a weekly journal with an association like this to be an important element in their success (hear, hear), and he thought they had now placed that Journal on such a footing, and connected it so closely with the Association, that it must become more and more the organ of the body, be more and more acceptable to the members, and be more and more fruitful in communicating the knowledge which they were daily and weekly acquiring. (Hear, hear.) He was afraid that he had trespassed too long upon their attention (no, no), but as he was emboldened to proceed, he would beg further to state that the Benevolent Fund of this Association was worthy of their cordial and energetic support, and although he did not take the same view as Dr. Cowan, that it was altogether desirable to forcibly take from the members, if he might so speak, an additional amount of contribution to augment this fund, yet he did maintain that it was the duty of this Association to take care that the poorer members of their body received something out of the abundance of their riches. (Hear, hear.) They should by no means "despise the day of small things." (Hear, hear.) They might look to the history of great designs, and see that they had much smaller beginnings than the Benevolent Fund of this Association. In his opinion, there certainly had not been that degree of zeal and benevolence which he was desirous to see manifested, but he looked forward to the day when this Association would become greater and greater in point of members, when its objects would be still more highly appreciated than they had been, and when this fund would receive a due support from those who had the power of rendering it. (Hear, hear.) On all occasions, when they could, this society, as a body, should show its desire to forward the object of the Benevolent Fund, but he did not think it would be desirable to make the support of that part of the Association dependant on the forced subscriptions of its members. There was another subject of a delicate nature to which he could not help referring before he sat down; he alluded to the improvement of the medical polity of their profession. (Hear, hear.) He thought that this question had been handled in a judicious, but, at the same time, energetic manner; and he was of opinion that they had now arrived at the period at which they were all agreed as to what they thought they ought to ask for, and what they conceived the existing circumstances of the professsion required. (Hear, hear.) This was extremely important, and he was glad to find that they had now come to the determination to ask for something from the government, and that not a single hand was held up against the propriety and expediency of such a course. He hoped that the government would never lose sight of this consideration, that this was not a question in which a small portion only of her Majesty's subjects were concerned, but that it was a question of vital interest, affecting the entire community, and that, in pressing forward this subject, the members of this Association were actuated by no selfish or improper motive, but that they were actuated by the desire to make their profession more and more instrumental in promoting human happiness and in dispelling the dire effects of disease. (Cheers.) Difficult as the question was, and much as they had opposed to them, he looked forward with certain hope to the time when their medical polity would be placed upon a better footing, and if they only persevered judiciously, without factious motives or the indulgence of ireful minds, to place the subject before Parliament and the country, he felt confident that they must ultimately succeed. (Cheers.) He really thought that some apology was due for having intruded upon the meeting so long, and he would conclude by an observation that, much as he estimated the scientific purposes to which their Association was devoted, and much as he desired to see them followed up and more successfully prosecuted, he could not help saying that the social effects of this great Association were quite equal to its scientific advantages. (Hear, hear.) The mere circumstance of intellectual improvement, without moral improvement co-operating with it, was of little or small importance (hear, hear), but here, on occasion of their anniversary, an opportunity was afforded of cultivating the best feelings of human nature. (Hear, hear.) They met there as brethren, uninfluenced by any other feelings than those of one brother towards another, each desirous of seeing the prosperity of his fellow practitioner. (Hear, hear.) Here old friends met together, those who had not seen each other for many years renewed acquaintance, and those who had never seen each other before became familiar; and all these effects arose from what?—the formation of this Association. (Cheers.) Could they, then, wonder that he should feel it a proud distinction to be connected with the early formation of it?—could they think that he reflected without feelings of the strongest emotion upon the remembrance of those kind friends who met him at Worcester, at its commencement, or that he had forgotten the warm greetings and wishes for its onward success?—could they be surprised that such things moved him?—No; they might rest assured that to whatever period his life should be prolonged, that life should be devoted to their service, and, as far as his humble abilities would permit, every faculty of mind and energy of body should be exerted for the future success of their great and noble Association. (Loud applause.)

Mr. James said, if he experienced great satisfaction in having been called upon to propose a toast which, in an assemblage like that, required little from him in its commendation—if there was any one name connected with the profession of medicine, for whom they must all have the utmost respect, it was the name of Mr. Hey. (Cheers.) If there was any one person in the kingdom who had advanced the character of provincial surgery, it was Mr. Hey. (Hear, hear.) Under these circumstances, he thought it was a peculiar distinction and a piece of good fortune, that he should be able to give such a toast, and he was sure that all present would permit him to mention a name which they must receive above all others, before he mentioned that of their venerated president. The very foundation of this Association was for the purpose of cultivating and encouraging provincial talent. Was there any one town to which he could allude where that talent had been so conspicuous, or any place he could mention with more propriety where that talent had flourished so long, as in the town of Leeds? (Cheers.) And now let him say that the descendant of that illustrious man, the worthy president, was one whom they must all look upon with the highest feelings of regard. (Hear, hear.) It did not become him (Mr. James) to say what he thought in the presence of him who had lived so long among them. He might remark, however, that the medical profession took a stamp from the character of the person who happened to head it in the particular district in which he was placed, and from all that he knew, and from all he had heard since he came to Leeds, he was satisfied that to their venerated president might safely be committed the character of the profession in his immediate district. (Cheers.) He had little more to say, perhaps he should diminish the force of what he had said if he were to attempt to do so, but he would add, that although Mr. Hey was unhappily laboring under infirm health, he had consented to take upon himself an arduous duty, in the presidency of their Association, and he (Mr. James) sincerely hoped that their venerated friend would be enabled to pass through his year of office with little inconvenience to himself; and that at the period of his retirement he might leave the Association in a still more flourishing condition than that in which they had now the happiness to find it. He begged to propose "The health of Mr. Hey, the President of the Association."

The toast was drunk with three times three.

The president briefly returned thanks. He said he felt quite overwhelmed with the kindness of his friends, and could not find words to express his feelings of obligation. He was sensible that he derived a great deal of the favor which he was then receiving from the remembrance of an honored and revered father. Any little light that he (the chairman) might have derived from him, he should gladly reflect back upon his character as being the foundation of all that he now possessed. (Hear, hear.) With regard to the office which he had undertaken to fill, he acknowledged his unworthiness for such a distinction, but so far as his humble abilities would allow, he hoped, in some degree, to sustain the character and dignity of the post, and he trusted that the members of the Association would lose nothing in having, for a period, confided its interests to his keeping. (Applause.)

Mr. Newnham gave, "Dr. Conolly and the Benevolent Fund."

Dr. Conolly, of Liverpool, replied to the toast. He offered to the assemblage his best thanks for the kind manner in which they had received his health. He could not for one moment despair of the success of the Benevolent Fund, the prosperity of which they had so cordially drunk, when he witnessed the feeling which had animated their anniversary meeting at Leeds. (Hear, hear.) He could only say that his services would at all times be at their command, and he hoped with reference to this Association, that the Benevolent Fund would go on increasing in the same ratio as the success which had attended their body in point of numbers. (Applause.)

Mr. Norman proposed, "Dr. Robertson, of Northampton, the president elect," and in doing so, he expressed a hope that the meeting of 1844 would be as gratifying in its results as the one which had just been held.

Dr. Robertson returned thanks, and assured the members present that nothing should be wanting on his part, or on the part of his medical friends of Northamptonshire, to render their reception—not worthy of this Association—not what they would wish it to be, but as good as they could possibly make it. (Cheers.) The town of Northampton possessed one advantage for the holding of such a meeting which perhaps might not be thought unworthy of notice—namely, that it was nearly in the centre of the kingdom, and very accessible from all parts, the railway approaching within four miles of it. (Hear, hear.) He only wished that Northampton presented greater attractions. They had no museum, no cathedral, or public buildings to attract the eye or gratify the taste. They had, however, a good infirmary, with which he had been connected twenty-three years (hear, hear), and they had also a lunatic asylum (laughter), so that if they were deficient in objects of attraction, they were not altogether destitute of objects of utility. (Hear, hear, and applause.)

Dr. Conolly, of Hanwell, said he had a toast to propose, which would afford one among the many opportunities which he hoped would occur during the evening of testifying the grateful feeling they had for the kind reception they had experienced in Leeds. (Hear, hear.) They had seen that here, as in every other town in the kingdom, and, he might almost say, throughout the world, the members of their profession always distinguished in works of charity. (Hear, hear.) They came not there to commemorate any triumph, to glory over the downfal of any nation, or to forget, in the festivities of the evening, the misery inflicted by the warrior and the conqueror. (Hear, hear.) They met here to promote the interests of a profession which, in every language, and in all parts of the world, was diffusing charity of every kind, and benefits incalculable, on mankind; and they found that even the arts of painting and sculpture sometimes condescended to perpetuate the memory of some great name—a distinction not only due to private worth, but one which the public really owed towards it. (Hear, hear, and applause.) The reception which the members of this Association had met with naturally called to their minds the great medical charities of Leeds; and when they reflected upon the skill and ability with which they were governed, and when, moreover, they remembered the vast amount of benevolence which characterised their operations for the benefit of a population like that of Leeds, which, from its extent and variety, must always have among it a large proportion of suffering, who would be entirely unalleviated but for the existence of these charities, he thought that not another word was necessary in recommendation of the toast. In tespassing upon their attention thus far, he had done so, rather for the purpose of gratifying his own feelings, than from any idea that the meeting could be wanting in the same emotions, or that any arguments were needed in behalf of the object of his toast, which was, "The Medical Charities of Leeds."

Mr. S. Smith, as one of the oldest officers connected with the medical charities of the town, responded to the toast. It afforded him much pleasure to inform the members of this Association that himself and his colleagues had always acted together with the greatest cordiality in their endeavours to discharge their arduous and responsible duties. (Hear, hear.) He would take this opportunity, in the presence of such an assemblage of medical men as never before graced the town of Leeds, to return his most sincere thanks to their venerated president for the kind and gentlemanly treatment he had always received from him, as well as from his junior colleagues. That treatment he should ever remember with the warmest feelings of gratitude and respect. (Applause.)

Mr. Soden gave, "The health of the permanent Vice-presidents of the Association." In proposing this toast, Mr. Soden expressed it as his opinion that the greatest advantage would result to the Association from these migratory meetings, for the interest which the proceedings had excited in Leeds was abundantly evidenced in the large and respectable meeting he had then the honor to address. (Hear, hear.)

Dr. Jeffreys returned thanks on behalf of himself and the other vice-presidents, two of whom, he regretted to say, were not present, age and growing infirmity preventing them the pleasure of being present. He (Dr. Jeffreys) had been an arduous laborer in the medical profession for more than fifty years, and during the whole of that period he had never forgotten an observation which fell from the chair of a professor in his early youth, "that every medical man must consider himself as a *student* so long as he lives." (Loud cries of "Hear, hear.") He could say with truth that he had pursued the subject of medical science with all the energy of his mind, and as far as existing circumstances would admit; but, notwithstanding this, and all the experience he had acquired, he did not hesitate to say that he had not only received gratification, but instruction, from what he had heard since his arrival in Leeds. (Applause.) His labors, as one of their vice-presidents, had been nothing in comparison with those of others; but he would yield to no man in anxious zeal and good wishes for the prosperity of the Association. (Hear, hear.) He sincerely hoped that as much prosperity would attend it in times to come as had accompanied it in times that were past. (Applause.)

Dr. Robertson gave "Success and prosperity to the Sydenham Society."

Dr. Branston acknowledged the toast. He observed, that the object of the Sydenham Society was to re-publish the works of ancient authors, and that the credit of its formation in reality belonged to Dr. Butler, of Southampton. He was happy to say that the society was in a very flourishing state, and now numbered a thousand members. (Hear, hear.)

Dr. Williamson begged to offer his congratulations on this most happy and delightful *reunion* of kindred spirits. To see met around this festive board many friends whom he recollected just at the moment when he was new fledged as a medical man, some of whom he had not seen from that precise period, but whom he had had the delightful satisfaction of seeing within the last few days, really induced emotions of no ordinary kind. Individually, his satisfaction would have been much increased had he been in the position of one of the local council of Leeds, to have welcomed this numerous assemblage on the present occasion; but, though no longer one of them in point of fact, he felt entirely one of them in point of sentiment and sympathy (Hear, hear); and he had too much of the *jeu d'esprit du corps* to allow a meeting of this great Association to occur in that town, to which he owed so much, and where he had spent the best part of his life, without making a considerable effort to be present. (Cheers.) If he had wanted any additional stimulus to have brought him to Leeds, it would have been the opportunity of paying his respects to their venerated president, whom he had had the honor of ranking among one of his colleagues in that noble institution to which reference had already been made, with whom he had had many years of most delightful and profitable professional intercourse, and whom he should always be proud to recognise as a tried and valued friend. (Cheers.) The pleasing duty had been assigned to him of proposing a toast, of the propriety of which there could not be the possibility of a doubt. It had reference to gentlemen who had favored the Association with retrospective addresses. (Hear, hear.) He would not attempt to describe the accurate, the luminous selection made by his friend Mr. William Hey, nor the concise, the classical, the faithful report, so admirably expressed, and so modestly and appropriately delivered by his friend Dr. Shapter; it was sufficient to point to these two efforts to justify the toast he was about to give—namely, "The Authors of the Retrospective Addresses." (Loud applause.)

Dr. Shapter, in a few words, acknowledged the compliment paid to him, and expressed a fear, from the voluminous productions which had issued from the press during the last year, that he might have done injustice to some authors by omitting to mention their discoveries and the facts collected by them. As far as was possible, however, he had endeavoured to avoid this difficulty.

Mr. W. Hey, being loudly called for, also returned thanks. In allusion to his retrospective address on surgery, he said he had endeavoured to confine himself to the practical parts of surgery, in accordance with the principle recommended by their late respected secretary, Dr. Hastings, who had strongly advised those who were placed in situations in which they had extensive opportunities of observation to record their own experience, and to quote the hospitals in which they practised for that purpose. (Hear, hear.) He was afraid that their kindness preceded any merit of his own, but from the manner in which the toast had been drunk, perhaps the address which he had had the honor to read was not unacceptable to the Association. (Hear, hear, and applause.)

Dr. Forbes gave "Success to the Provincial Medical Schools," and, in doing so, he pointed out the great advantages resulting to the profession by the formation of such schools, not the least important of which was the opportunity they afforded to parents of young men to give them a course of instruction in the country without being under the necessity of exposing them to the temptations inseparably connected with a residence in the metropolis. Dr. Forbes alluded to the part he had taken, at a former period of his life, in the establishment of a provincial infirmary, the formation of which not only benefitted the poor, but the members of the medical profession themselves, inasmuch as they afforded opportunities of obtaining instruction of the most valuable kind.

Mr. Turner responded to the toast. He observed that there had existed a great difference of opinion as to the propriety and expediency of provincial medical schools. Some persons thought them calculated to do good, while, on the contrary, others were of opinion that they were calculated to do harm by having the effect of bringing up a lower class of medical practitioners, and thereby of diminishing the respectability of the profession. If he (Mr. Turner) supposed for a moment that the increase of professional knowledge could have the effect of degrading their profession, or the provincial schools either directly or indirectly, could have a tendency to do so, he believed it would be conceded to him that he should not be found in the ranks of their promoters. (Hear, hear.) The question of whether provincial schools did good or harm was for ever set at rest. The College of Surgeons had declared that they were competent to give instruction, their hospitals were efficient schools of practical instruction, and they had framed their regulations in accordance with this belief, which now required three years' uninterrupted study as a preparation for examination, which could not be accomplished if provincial schools did not exist. (Hear, hear.) If these schools had not been established, they soon must have been brought into existence to prepare for the college. What parent would place his son for eight years in the metropolis, to obtain a diploma, when a residence of three years would obtain for him the same amount of honor and qualification. (Hear, hear.) He was anxious to impress upon them the fact that all difference of opinion on the point to which he had adverted must now and for ever be put an end to, and he hoped he should effectually enlist their co-operation in an object which could not fail to be beneficial to the community, and especially to the medical profession—namely, to endeavour to increase the number of these schools to the utmost of their power. (Hear, hear.) If they wanted encouragement to persevere in the course he had ventured to point out, he might allude to the name of one who was not less distinguished for his virtues than for the eminence of his talents, who had enabled him to hand down his name to the pages of history as one of the greatest provincial surgeons that this country had ever produced. (Applause.) He (Mr. Turner) sincerely thanked them for the honor they had done him in associating his name with this interesting and important part of their evening's proceedings.

Mr. Martin proposed, "Continual success to the Provincial Medical and Surgical Journal. (Cheers.) He considered this publication as the most eligible medium for the communication of medical and surgical discovery, and as a most important auxiliary to their Association. (Hear, hear.)

Dr. Streeten acknowledged the toast, and expressed the satisfaction he felt, in connection with his colleague in the editorship, Dr. Green, that their efforts to render the Journal worthy the patronage of the Association, should be deemed satisfactory. The number of communications from Leeds had been considerable, and to Mr. W. Hey and Mr. T. P. Teale, in particular, they were indebted for two papers of a most valuable kind. (Hear, hear.) If gentlemen in other towns, connected with hospital practice, would only follow up what had been so ably done by these gentlemen, the pages of the Journal would be rendered really worthy of those who condescended to patronise it. Whatever efforts the editors could make to raise the character of the publication, they might rest assured would be made; but, as he had before occasion to remark, its value would consist in the facts and discoveries communicated from time to time. (Hear, hear.)

Dr. Hastings said he had a toast to propose which was intimately connected with the brilliant success that had attended their meeting at Leeds. The local committee had discharged their arduous duties in a most admirable manner, and without disparaging any former town which they had visited, he might be permitted to say that the Leeds committee had been exceeded by none in their successful efforts to make the Association welcome to their town. (Loud applause.) Among the names of those who stood connected with the toast, that of Dr. Hopper was preeminent. (Hear, hear.) It had fallen to him (Dr. Hastings) to communicate with Dr. Hopper on many occasions after the appointment for their visiting Leeds had been determined upon, and he had invariably received from him the most prompt and courteous replies. (Hear, hear.) He (Dr. Hastings) considered that, brilliant as had been the success of this meeting, much of that brilliancy was owing to the efforts of Dr. Hopper and the other members of the committee. He therefore begged to give, "Dr. Hopper, the local secretary, and the committee of management." (Loud and long-continued cheers.)

Dr. Hopper returned thanks. He said he begged to offer his most grateful acknowledgments for the high honor which Dr. Hastings had paid to himself and his colleagues in the committee of management. He hoped that their efforts had tended to promote the success of the meeting, and if such was deemed to be the result they should feel amply rewarded for their services. At this late hour of the night it was not his intention to trouble them with any lengthened remarks. He trusted that their efforts would not terminate in Leeds with this meeting, but that all and each of them would, as far as they possibly could, exert themselves on any future occasion, whether the Association might hold its meetings at Northampton or any other place. (Applause.)

Dr. W. Conolly gave, "The West Riding Medical Charitable Society, may it prosper and increase every year in its resources." Dr. Conolly said that he had seen the last annual report of this society, and he was much gratified to find the flourishing state of its funds and the vast amount of good which it was diffusing around it. (Hear, hear.)

Mr. Garlick responded to the toast. He observed that it was a source of great pleasure to him to have been connected with the West Riding Medical Charitable Society, and to have had the satisfaction of witnessing the vast amount of good extended to the widows and orphans of members of their profession, who had been placed in circumstances of destitution, far beyond anything he could have expected at the time of its establishment. (Hear, hear.) But the assistance of the society was not confined to these objects; it was extended to medical men themselves who were disabled by age or infirmity. (Hear, hear.) Not many weeks ago the committee had the satisfaction of voting substantial relief to an individual who had been disabled from practice for many years, and who, but for the relief thus administered, there was every reason to believe, would have been obliged to seek an asylum in the workhouse. (Hear, hear.) In addition to this, the committee had had the high satisfaction of voting very substantial relief to a case of peculiar interest, that of nine orphan children deprived of their father and mother, after a long course of sickness, which had exhausted the little property that their father had been able to accumulate. (Hear, hear.) He mentioned these facts for the purpose of showing that the society was conferring great benefit upon a class of the community, who, perhaps, more than any other, was deserving their commiseration and support. (Hear, hear.)

Dr. Jeffreys, of Liverpool, proposed "The health of the Vice-Presidents of the dinner, Dr. Hopper, Mr. Smith, and Mr. Teale."

Mr. T. P. Teale acknowledged the toast. His observations were nearly altogether inaudible at the upper end of the room. He expressed himself in high terms of approval of the objects of the Association, and congratulated the members present on the successful anniversary which had just been held.

Dr. Cowan gave "The Secretary of the Society, Dr. Streeten."

Dr. Streeten returned thanks, and expressed a hope, notwithstanding the disadvantages under which he must labor in following such a man as Dr. Hastings, that his efforts to justify their confidence would not be wholly without success.

Dr. Belcombe proposed "The Ladies," which was acknowledged by Dr. Hopper.

Dr. Williamson gave "The Medical Press," and connected with it the names of Dr. Forbes, editor of the "British and Foreign Medical Review," and Mr

Braithwaite, editor of the "Retrospect of Medicine and Surgery."

Dr. Forbes returned thanks.

Mr. Braithwaite also acknowledged the toast. He alluded to the fact that two of the most widely circulated medical journals had originated in the provinces, and by members of their own Association, and, therefore, he thought they could not afford to be looked upon in the manner which in some quarters there appeared a disposition to view them. (Hear, hear.)

This was the last toast given.

Mr. Hey vacated the chair about half-past eleven o'clock, and the company immediately after broke up.

POOR-LAW MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—You were pleased, in April last, to publish a request of mine, that the gentlemen employed under the Poor-law Amendment Act, in charge of the sick poor, would be so good as to send to me such information as might enable me to draw up a paper on, or a digest of, the grievances they suffered, and wished to have redressed; and I have to thank a great many for the readiness with which they complied with that request.

It is stated in the Ninth Annual Report of the Poor-law Commissioners, laid before Parliament in May last, that the duties of the union surgeons were much diminished in the North of England in consequence of the various dispensaries, &c., which gave relief to the sick poor; and, from medical men being employed to take charge of poor persons engaged in collieries, factories, &c., it became necessary to write to the surgeons of 112 unions on these points, which delayed the printing of my report, entitled "Facts and Observations relating to the Administration of Medical Relief to the Sick Poor in England and Wales," until the 27th of June. This report was privately addressed to the members of the Commons House of Parliament, and I had the honor of sending a copy to you. The additional matter for inquiry, which the northern counties furnished, rendered it necessary to refer to some members of the House of Commons conversant with the affairs of collieries and factories, and Lord Ashley, who takes the deepest interest in the whole subject, finding, from the state of public business, that nothing could be done this session, gave notice, on Wednesday, the 26th, that he should move, early in the next session of Parliament, "for a select committee to inquire whether the seventh* resolution of the Report of the Committee on the Poor-laws, in August, 1838, has been carried into effect, and also into the whole mode and extent of administering medical relief to the poor."

This committee will, no doubt, be granted, and will be composed of gentlemen of the highest character and station in the House of Commons, at whose hands the sick poor and the medical profession may look for strict justice. I have promised Lord Ashley, and several of the gentlemen who have consented to be placed upon it, that not more than one week of their time shall be occupied in establishing all the points at present claimed. I take the liberty of mentioning that it will be in all probability the last opportunity the members of the medical profession will have for a long time of maintaining their just rights, and those of the sick poor committed to their charge; and I hope they will take care that there is nothing that the committee ought to know which shall not be communicated to me by the commencement of the ensuing year. I shall be most happy to advise and confer with any individuals, societies, bodies, or associations, who will favor me with their assistance; and I beg that every one will be assured that I have no object in view in laboring to effect the redress of the grievances which at present exist with respect to the sick poor, than the good which will result to them and to the medical profession from their removal. There are neither public nor private interests to serve in which I have any personal concern, nor with which I am acquainted.

I shall feel obliged by your inserting this letter in your Journal, and have the honor to be, Gentlemen,

Your most obedient servant,

G. J. Guthrie.

4, Berkeley-street, Berkeley-square,
July 28, 1843.

PILULA FERRI COMPOSITA.

In order to prepare this pill in such a manner as to keep the carbonate of iron in an undecomposed state, and to insure uniform consistence of the mass, it has been found that the directions given in the Pharmacopœia will be sufficient for these purposes, if the following points be attended to:—Dissolve the sulphate of iron, finely powdered in the treacle, with a moderate heat, and add the carbonate of soda, stirring constantly until the effervescence has entirely ceased, and the mixture has become cool; then add the myrrh gradually, and incorporate the mass. As a little evaporation takes place at the commencement of the process, a small excess of treacle is requisite to supply the deficiency. This mass retains its color and consistence remarkably well.—*Pharm. Journ.*

POISONING BY ARSENIC OF NINE PERSONS.

SUCCESSFUL EMPLOYMENT OF THE HYDRATED SESQUIOXIDE OF IRON.

A case has recently been tried at a court of assize in France (Sarthe), in which a girl of nineteen was accused of having endeavoured to poison a whole family by mixing arsenic with their food. Nine persons dined on milk porridge; shortly after one of them felt indisposed, and left the table; a second soon experienced the same effect, and in a short space of time all of them were attacked with vomiting, sense of suffocation, and pains in the bowels. The vessel in which the food had been prepared was immediately examined, and its bottom found covered by a large quantity of thick white sediment, which proved to be arsenic. The hydrated sesquioxide of iron was energetically employed, and, although the quantity of arsenic taken had evidently been considerable, yet all eventually recovered by the employment of the antidote.—*Gazette des Hopitaux.*

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* The seventh resolution recommends that the remuneration to the medical men should be such as to insure proper attention and the best medicines.

CASE OF TETANUS,

TREATED WITH INDIAN HEMP.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I send you the following case of tetanus, treated with cannabis indica, for the sake of the record. If it is not satisfactory, it affords hope of future utility in the remedy.

Thomas Stephens, aged fifteen. Was exposed to wet, and took cold. He had cough and hoarseness; he was still at his work, and considered to be getting well.

June 20. He complained of shivering, as of cold water trickling down his back.

21. He had more hoarseness and stiff neck.

22. He had a slight fall while at his work; no notice was taken of it; the arm was scratched a little.

23. He went to his work at half-past five, a.m., as usual. He returned at seven, complaining of pain in his back, and went to bed. At eleven he went out and bought a pie for his dinner, but he could not open his mouth to eat it; he had a cup of milk given him, which he drank. He had a dose of jalap from a druggist, which acted once.

24. He repeated the jalap without effect. On the evening of this day he was first seen by a medical man (Mr. Humby) at six, p.m. He was lying on his face, complaining of pain in the back, and requesting to have it rubbed; stiff-necked; difficulty in swallowing, and he could not open his mouth; the back was tender on pressure; he was in a profuse hot sweat; pulse hard, and about 130; no cough or difficulty of breathing. The attack was supposed to be lumbago, with stiff neck from cold. Leeches were applied to the back, and he took four grains of calomel with jalap.

25. At half-past one, p.m., he was in an opisthotonotic spasm when Mr. H. called. He could not pass water in a stream, but it was forced from him in jerks; the abdominal muscles were firmly contracted and hard; was unable to show his tongue; breathing natural; lips unchanged. Turpentine enema returned unchanged, and had no effect but to give a pleasing sensation of warmth. Acetate of lytta was applied to the loins; the catheter was used. At seven, p.m., he was seen by Mr. H. and Dr. Roxburgh. No headache; teeth clenched; copious perspiration; the spasms occurring every few minutes; all the muscles contracting violently; pulse less hard, 108 during the fit, 98 in the interval; no action of the bowels. Tincture of Indian hemp, fifteen minims, every three hours, and repeat calomel and jalap.

26. No action of the bowels; can swallow more easily; the hardness of the muscles was somewhat relieved in the interval of the spasms; had constant pain under the sternum, and a darting pain through from the epigastrium to the back; his gums were red and swollen, and his breath had a mercurial fœtor; there was no increased saliva. Continued remedies; had two purgative enemata given without effect.

27. In the night he had been seized with a spasmodic tightness of the chest, with inability to breathe, so that the parents thought him dying. They then first noticed that the shoulders pointed directly forwards, and that the chest was narrow and flat. The other spasms continued as before; pulse 130; he was delirious, fancying himself at work among strange people, and not knowing his parents, yet constantly crying out to be turned on the bed from face to back, and back again, and to be rubbed to relieve the spasm. He continued the use of the hemp, and had purgatives without effect.

On the evening of this day I saw Dr. Roxburgh, who mentioned the case to me. He considered the boy dying. He had given the cannabis with confidence, from the effects he had seen of it in a few cases where I had given it. He considered that it had produced slight benefit at first, relaxing the muscles in the interval, but showing no influence over the spasm. The quantity used was on the 25th two drachms, on the 26th half an ounce, and 27th half an ounce of tincture, containing about five grains of extract in the drachm. This I conceived to be a very inefficient quantity, particularly as the herb from which it was prepared was known to be deteriorated by age. I requested to be allowed to give an extract prepared at Calcutta, which is certainly five times the strength of the former, and is otherwise better. I saw the boy at half-past seven on Tuesday evening. He was in a profuse sweat, with a hot, dusky skin; pulse 150; apparently insensible; had just been turned on his back; bowels tympanitic; muscles contracted, and as hard as a board; the action of the chest was short and quick. I gave two grains of my extract rubbed into powder with sugar every half hour. At twelve o'clock he had slept a little; pulse 110; understood what was said to him; was able to show his tongue, and took the medicine with readiness; no longer wished to be turned in bed; the muscles were soft; the knee capable of being flexed a little; it did not appear evident why, when the muscles were so soft, the joint was so permanently fixed. The peculiar fixedness made me think that the ligaments were affected. The action of the chest was still unrelieved, and he had a twitch of spasm in the back every two or three minutes. He consented readily to continue the medicine. There was so much appearance of improvement that I conceived strong hopes of a successful result. I explained that the medicine was intended to cause and maintain that relaxation of the muscles, and that it was to be persisted in until all the spasms and fixedness of the jaw was relieved. For the sake of giving the cannabis in a form most easily acted on by the stomach, I gave it in solution in rectified spirit, directing the parents to give a teaspoonful with a little water mixed at the moment, so as to avoid the separation of the extract. They gave it too nearly pure, and the spirit irritated the fauces so that the third dose could not be taken. At three o'clock he appeared exhausted and all his muscles relaxed. Yet in the course of the night he had one or two very violent fits, which seemed to have more effect on him from his exhausted condition. At eight o'clock the muscles continued soft, and the arms limp and flexible as those of an infant when asleep; the knee could be flexed one-third; the jaw relaxed and open; he was insensible; pulse unsteady. At ten the spasms were returning; he had frequent twitches in the back. At twelve the spasms were returning with rapidity and violence. In each paroxysm the chest was violently contracted and the breathing suspended; the lips were livid; and at half-past twelve by the contraction of the muscles of the chest the power of respiration was entirely overpowered, and he died in the same rigid state that the most violent spasm could reduce him to—every muscle had the hardness of a board, and the skin had become of a copper color.

The body was examined twenty-eight hours after death. The superficial integuments had softened considerably. On stripping the scalp from the calvarium, the cellular membrane was most unusually firm. The dura mater was adherent to the bone, and an unusual quantity of fluid blood flowed from the cavity of the skull. The brain itself was congested. The spinal cord did not present any unusual appearance, except the number of red vessels, probably arteries, traversing its arachnoid membrane, contrasted with the venous congestion of the membrane lining the canal. The lungs were healthy; there was a patch of pleurisy. The heart of the usual size, perhaps a little larger; the left ventricle was contracted and empty, the right full of disorganised blood, partially and imperfectly coagulated, and having many bubbles of air or gas; the lining membrane of this cavity was deeply colored. Nothing remarkable appeared in the state of the intestines, except that the rectum and lower portion of the colon contained a large quantity of fæces which the enemata had failed to dislodge.

It is a curious coincidence, perhaps tending to prove an atmospheric influence, that another child within a moderate distance had a similar attack after cutting its finger, and died within three days. I do not know any of the particulars, or the treatment.

I am, Gentlemen,
Your obedient servant,
William Ley.

115, Crawford-street, July 18, 1843.

CASES
OF
STRANGULATED FEMORAL HERNIA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I have enclosed the history of two cases of strangulated femoral hernia, one occurring in the male, the other in a female, which were operated upon successfully; should you consider them suitable for your columns, you will oblige me by their insertion.

I remain, Gentlemen,
Your obedient servant,
Edwin Morris.
Surgeon to the Dispensary, Spalding, Lincolnshire.

Spalding, July 23, 1843.

Sarah Abbott, aged thirty-two years, the wife of a laborer, of a full habit of body, has been the subject of an irreducible femoral hernia on the right side for the last two years, but has not suffered any inconvenience from it. On the 21st of June last she was attacked with violent sickness and pain in the bowels; after suffering for several hours, she sent for Mr. Morris, surgeon, of Gosberton, who immediately attended, and found her in the following state:—Constant sickness; dry tongue; pulse quick and feeble; a very sallow and dejected countenance; and great tenderness of the abdomen. After making ineffectual attempts at reduction, and the symptoms becoming more urgent, the operation was proposed, as the only means left for relieving the incarceration of the gut; for several hours the patient positively refused to have this done; however, at eleven, p.m., on the 23rd, she expressed a wish to have the operation performed, which was about thirty hours after the commencement of the strangulation. I was sent for, and fully agreed with Mr. Morris as to the propriety of immediately operating, for she had now hiccough and stercoraceous vomiting, with extreme tenderness over the hernia, which she could scarcely bear to be touched, and which was about the size of an egg. The woman having been placed upon the bed in a favorable position, Mr. Morris proceeded to operate in the usual way; the sac was soon laid bare, and slit up, the portion of intestine protruded was very small, and of a darkish brown color. We could distinctly feel within the intestine a hard substance, about the size of a nut; the closeness of the stricture, and the depth at which it was situated, made it a difficult matter to reach so as to relieve it; this, however was accomplished, and the crural ring enlarged by cutting directly upwards, a small portion of healthy intestine was pulled down, and there was a visible impression on it at the part where it had been so violently constricted; the whole of the intestine was carefully returned (there was no omentum down with it), and the wound brought together by sutures; a compress and bandage were applied, and the patient placed in bed; all sickness now left her, and, within fifteen minutes after, had a copious motion, and was purged several times within a few hours; the motions were carefully examined, and the substance we felt within the intestine was found to be a piece of potato. The next day there was a slight tenderness of the abdomen. A dozen leeches were applied, which effectually relieved it. After this there was not an unpleasant symptom; she rapidly recovered, and is now about her work as usual.

Case II.—William King, aged fifty-five years, a laborer, of a spare habit of body, had not previously been the subject of hernia. On the 8th instant, after he had retired to bed, he was attacked with sickness, and retched violently; he states that he is subject to these bilious attacks. After he had emptied his stomach the sickness left him, but he perceived that the great efforts at vomiting had forced up a swelling in the right groin, about the size of a small apple; he took no notice of this at the time as it did not inconvenience him, and slept for two hours after. About six, a.m., on the 9th, he began to have pain in the swelling and abdomen; the sickness again returned, and he could not retain anything upon the stomach, and the pain in the bowels increased. At ten o'clock, a.m., I was summoned to attend him, and found him suffering from all the symptoms of strangulated hernia; he did not tell me that he had a swelling in the groin until I called his attention to the fact, by asking if he had any lumps anywhere about his body; indeed, I had great difficulty in convincing him that the swelling was the cause of all his troubles. After having placed him in a convenient position, I made attempts to reduce it, but failed. I caused him to sit up in bed, and bled him to syncope, and then made further efforts to reduce it, but without effect. I had an enema administered, which brought away a small motion. At four, p.m., I again visited him, and ordered a hot bath to be prepared; it was two hours before I was able to procure it. Having placed him in the bath, I kept him there until faintness was fairly produced, and then steadily applied the taxis until he complained of great exhaustion, and his inability to bear it any longer. After having tried all the above means without returning the hernia, I proposed the operation, and, after some slight hesitation, he consented to have it done. I requested the advice of my friends and colleagues at the dispensary—Dr. Cammack, Mr. Wilkinson, and Mr. Ball—who, after an examination of the patient, declared that the operation ought immediately to be done; the bowel had now been completely strangulated twelve hours.

Operation.—After placing my patient upon a table, with his shoulders elevated, I pinched up the integuments over the lower part of the hernia, and transfixed them with a long narrow-bladed bistoury, and cut from within outwards; I now pinched up another fold in an opposite direction, and cut it in a similar manner, thereby quickly completing the external incisions, which represented the letter T inverted; I then dissected back the angular flaps of integuments, and fully exposed the superficial fascia, which I next reflected back, and laid bare the sac; I attempted to pinch up with my finger and thumb a small portion of the sac, but this I found impossible to do, so tense was the hernia; after carefully scratching with the point of the scalpel, I at last made a small incision into it, when a small portion of omentum protruded; I passed a director into the sac, and slit it up, which exposed the intestine, which was of a brownish color; having ascertained the situation of the stricture, I took Sir A. Cooper's hernia knife, and passed its blunt point underneath Poupart's ligament, at the strictured part, holding the blade sideways, with its cutting edge looking towards Gimbernat's ligament; having passed the knife sufficiently far, I turned it with the cutting edge upwards, and made a small incision in that direction; after withdrawing the knife, I found I had not relieved the stricture sufficiently so as to enable me to return the gut; I reintroduced the bistoury, and extended the incision; after pulling down a portion of the intestine, so as to be certain of the strangulation having been relieved, I easily returned the whole into the abdomen, and brought together the edges of the flaps by means of sutures and adhesive plaster, and also applied compress and bandage, and then placed my patient comfortably in bed, and gave him five grains of calomel, with one grain of opium.

July 10, half-past Seven, a.m. The sickness is quite gone, and has had some refreshing sleep; there is no pain in the bowels, but has not yet had a motion. Ordered an enema to be given, and to take some aperient mixture every two hours. At four, p.m., I was sent for in great haste. His sickness had returned, the bowels were tympanitic, there was great pain in the abdomen upon pressure, and the bowels had not yet been relieved. Two enemas had been administered, but they had not returned. He complained of a feeling of great fulness in the body. I took about twelve ounces of blood from the arm, applied leeches to the abdomen, and injected about two pints of warm water up the bowels. In about an hour after he had a copious evacuation.

11, Eight, a.m. I found my patient much better this morning; he has had several motions during the night; the sickness has quite left him; there is still an uneasiness and tenderness about the umbilicus, for which I ordered more leeches and one grain of calomel every three hours, with a saline mixture. Seven o'clock, p.m. Much better in every respect.

12. Tenderness in the bowels much better; has had several motions, and has slept two hours in the night. I this morning removed the dressings from the wound, which is going on very favorably.

13. Progressing very satisfactorily.

21. He continued daily to improve after this date, and is now able to sit up. The wound is nearly healed up.

REMARKS.

In the above cases all legitimate means were tried for the reduction of the herniæ, with the exception of tobacco; and against the use of this narcotic I have such an antipathy, that I would never use it or recommend it to others, more especially in recent femoral hernia; for if we do but reflect for a moment upon the anatomy of the parts which form the crural ring, through which the intestine protrudes, we shall find they are of a tendinous nature, and I know of no remedial agent capable of relaxing them; moreover, the action of tobacco is so uncertain and so violent in its effects, and the remedy would be of no use unless the patient were under its poisonous influence. The object is to bring on a general collapse, and to attempt reduction by the taxis during this favorable state, when all muscular power is nearly at end. Old and large herniæ have been known to be reduced by this means, when all others have failed; but what has been the result? It has required no little ingenuity on the part of the surgeon to save his patient from the deadly effects of the poison, and if he fail to reduce it, his last and only resource is the operation. The patient is then in the most unfavorable state for it, so complete and alarming is the collapse. But patients have been known to have the operation performed upon them when they were pulseless, and from whom blood would not flow after the incisions. If it were possible to confine its action, it would then indeed be a valuable agent; but until that is the case, it is a dangerous, and consequently an objectionable, remedy.

So satisfied am I with the result of the above cases, that I shall always pursue a similar course, and give all reasonable means a fair trial, and not waste time in the useless repetition of them, and thereby postpone the operation until it is too late.

Liston, in his "Elements of Surgery," says, "Were I so unfortunate as to be the subject of strangulated hernia, I should certainly have no tobacco used. After the unsuccessful trial of the taxis, I might submit to be bled ad deliquium, and have a surgeon to attempt reduction during syncope; if somewhat more advanced in life, I should prefer the warm bath; if this failed I should certainly be operated upon in a very few minutes afterwards."

ACCOUNT
OF A
CASE OF DIABETES MELLITUS,
ILLUSTRATING THE IMPORTANCE OF ABSTINENCE FROM BREAD IN THAT DISEASE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Having been much interested with a recent communication in this Journal from the pen of Dr. Cowan, exhibiting an instructive example of the injurious influence of bread in diabetes, and being strongly impressed with the great importance of the subject, I beg to offer additional confirmation of the truth from the notes of a case which occurred in my practice a few years since.

I am, Gentlemen,
Your obedient servant,
THEOPHILUS THOMPSON, M.D.,
Physician to the Northern Dispensary.
Keppel-street, July 25, 1843.

On the 5th of November, 1840, I was consulted by Mr. ——, a gentleman of naturally sanguine temperament and intelligent character, but in whom disease of some years' duration had produced a haggard aspect, and depressed spirits; skin never perspiring, and, indeed, so dry as to be peeling off the wrists. He drank about ten pints of fluid daily, and passed nine pints of urine, smelling like hay, and sweet to the taste. Epigastrium full and tender; lining membrane of the cheeks and tongue vividly red, but extensively covered with an albuminous pellicle. He had been for ten weeks affected with obstinate constipation, for the relief of which strong purgatives had been administered. For some years previously he had suffered from irritable bladder, preventing his being able to remain long in public, and even in childhood annoying him in sleep. The gastric affection being the most urgent, eight leeches, and afterwards a blister, were applied to the epigastrium. The patient was recommended to adopt a milk and farinaceous diet, and to relieve the bowels with warm water enemata.

Nov. 8. The tenderness and fulness of epigastrium were removed; alvine evacuations natural; the morbid appearance of the mouth, and a similar condition of the extremity of the urinary mucous membrane, continued; eight pints of urine passed daily, of specific gravity 1·040. The patient was instructed to use the warm bath every evening, to have meat for dinner, drink freely of milk with lime water, and take one-sixth of a grain of acetate of morphia, with spirit of mindererus in camphor julep, every six hours.

11. Aspect less haggard; pulse natural; mucous membrane of the mouth and glans nearly natural, but the tongue rather dry; two days since passed an ascaris lumbricoides ten inches long; drinks daily seven pints; urine, seven pints and a half, of more urinous smell than formerly, but, on evaporation, depositing much saccharine extract; specific gravity, 1·038. To continue the medicine and the warm bathing.

12. Quantity of drink in twenty-four hours, eight pints and three-quarters; of urine, six pints and a quarter. On the 13th, quantity of each, seven pints and a half. The daily allowance of milk reduced from five to two pints.

14. Gaining flesh; the skin more disposed to perspire; specific gravity of urine, 1·040. To use as common drink water acidulated with nitric acid.

20. Has gradually reduced his allowance of milk to two ounces; drinks about four pints of fluid daily, a quantity rather exceeding that of the urine, of which the specific gravity is 1·035; thirst much abated; alvine evacuations scybalous and pale. To take mercurial pill, with extract of henbane and James's powder, at bed-time, and a dose of castor oil in the morning; to substitute the hot air for the warm water bath, continue the acetate of morphia, and diminish the quantity of acid drink.

The hot air bath invariably occasioned profuse perspiration, and its daily use was productive of improvement, as manifested by the following statement of the respective quantities of drink and urinary secretion:—

	Drink.	Urine.
Nov. 20 to 21	4¼ pints.	5 pints.
21 — 22	4½ ,,	4½ ,,
23 — 24	2¼ ,,	3 ,,
24 — 25	2¼ ,,	3 ,,

The urine, however, was found of the high specific gravity of 1·045, and it was, therefore, determined to enforce animal diet, to prohibit the use of bread and biscuit, in which he had hitherto indulged, and of all vegetables, excepting those belonging to the cruciferous order. He now partook freely of spinage and water-cresses, but carefully abstained from all vegetables abounding in starch. Under this plan the quantity of urine was in a few days reduced to two pints, and its specific gravity to 1·027.

On the 1st of December, being tempted to take some toasted bread, the quantity rose to five pints, and the specific gravity to 1·041. During the subsequent week he again abjured bread, and the average quantity fell to two pints, of specific gravity 1·020, excepting that on one occasion, after taking an apple, the quantity rose to five pints, and the specific gravity to 1·030. Again, for about ten days he exercised self-control, and the average became two pints, of specific gravity 1·020. He recovered a greater amount of flesh and strength than he had possessed for two years, could walk five miles without fatigue, and felt perfectly well. This improvement, however, led him to presumptuous indulgence, but the most trivial departure from rule—even the bread in the stuffing of a hare, or a little toast for breakfast—uniformly occasioning a renewal of untoward symptoms. Gluten bread was tried for a time, but with very slight advantage. He seemed unable longer to tolerate the restriction, and, with the exception of partial amelioration under the use of the water of the Clifton hot wells, his health deteriorated, during the following year, in exact proportion to the failure of his resolution. The quantity of opium which he was accustomed to take was increased; ammonia, magnesia, as well as steel and other remedies, which it would be tedious to record, were administered in vain. Weary of my reiterated solicitations, that, profiting by the lessons of experience, he would discontinue the use of bread, he consulted an eminent but less rigid adviser, but his strength and flesh gradually failed, and in the summer of 1842 he died.

REMARKS.

In the example now recorded, as is frequent in such instances, there was associated a considerable degree of gastric disturbance, which required primary attention. The milk diet proved peculiarly suitable, and although the specific gravity of the urine continued the same under its use, in all other respects he improved. There was, however, no decided reduction in the specific gravity of the urine, or change in the essential character of the disease, until the patient totally abstained from bread, under which plan in December, 1840, every symptom of disease had disappeared. The specific gravity of the urine rose after eating an apple, but again subsided under prudent restrictions. Subsequently, however, his firmness yielded, and after various fluctuations corresponding with the degrees of his indulgence, he ultimately fell a victim to the disease.

I believe that in cases of true diabetes mellitus, if the use of bread is allowed the final issue will generally correspond. Exceptions to this rule are indeed on record. For example, a case occurred some time since at Guy's Hospital, which appeared to recover under the use of nauseating doses of ipecacuanha wine.

Mr. Heineken (London Med. Repos., Feb., 1823) has related an instance which yielded in three months to the use of 600 grains of opium; and the sulphur bath appears to have been singularly efficacious in the treatment of the patient Gosling, whose case is described by Dr. L. Bardsley (Hospital Facts and Observations), the quantity of urine being in fifteen weeks reduced from twenty-six to two pints, and the specific gravity from 1·038 to 1·010. Lately the iodide of iron, in doses of five grains thrice a-day, is said to have proved efficacious, yet it must be acknowledged as a general rule, deducible from the recorded instances of the disease, that durable improvement occurs only under the discontinuance of bread and of all vegetables abounding in starch. Our great aim in treatment should be to restore the function of the skin, the relation of which to the kidneys is of obvious importance, and to withhold all articles of diet easily convertible into sugar. The employment of other measures may be regulated by collateral circumstances, but improvement in the essential symptoms will almost uniformly be promoted or retarded, according to the degree of indulgence or restriction in the use of bread.

When we consider the remarkable power of habit in enabling man to adapt himself to every variety of regimen, and recal such instances as that of the miners of Chili fulfilling their unparalleled labors on a diet of beans and bread; or of some North American tribes living solely on fish; or, more especially, the Guachos of the Pampas, passing their life on horseback, subsisting for many months exclusively on beef, we are surprised that, under a disease such as we have described, the conviction of its necessity should be inadequate to enforce resolution; and the inquiry is naturally suggested whether a complete change of the whole plan of life might assist us in conquering the difficulty, and whether an active, open air life, resembling that of the Guachos, might contribute to render a fat meat diet, like that of those dexterous horsemen, an agreeable support of life.

CASE OF WATER CANKER,
WITH REMARKS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I shall feel much obliged by your inserting the following case in the Provincial Medical Journal.

I am, Gentlemen,
Your obedient servant,
W. Tomkins, M.D.

Yeovil, July 18, 1843.

I beg, through the medium of the Provincial Medical Journal, to call the attention of my professional brethren to an important disease, which, however, I believe is but little known in this country, as far as I have been able to ascertain from extensive inquiry, both amongst my professional friends and the various authors to which I have referred. I remember many years since to have read an account of the affection I am about to describe, either in a work on military surgery or in some periodical; but as it was long before my attention had been practically drawn to the disease, I omitted to make any note of the circumstance, and have, consequently, been unable to refer to it. The only corroborative testimony I can give, to confirm the nature of the affection I am about to relate, is a statement made to me by an army surgeon, now deceased, who accompanied the unfortunate Walcheren expedition, and who, during my attendance on him, on account of diseased liver and enormous enlargement of the spleen—the sequelæ of intermittent fever contracted during that disastrous enterprise, said that he had seen numerous instances of "water canker," a disease well known in Holland, and described it as being the result of exposure to marsh miasmata, and attended with great prostration.

I have seen three cases; but, as all of them presented similar symptoms and appearances, shall describe one only, which was the most severe, and occurred in the same individual three succeeding years during the month of January, and on each occasion appeared to have been induced by one and the same cause.

Case.—I was desired to visit Mr. James Osborne, of Ilchester, Somerset, whose father was a respectable farmer, and found my patient had been exposed for several hours to the damp of the meadows bordering on the river for many successive nights, attending his flock in the lambing season. On visiting him, I at once said he was salivated, but he most solemnly assured me he had neither taken or applied externally medicine of any kind; the fœtor of the breath, however so exactly resembled that produced by mercury, that I thought I could not have been deceived. I now examined the mouth attentively, and found the tongue swollen, and deeply indented from its pressure against the teeth; the gums and the whole of the mucous membrane of the mouth covered with a white incrustation, similar to what we observe in apthæ, except that it was much thicker. I used a syringe, and, having cleansed this away, found the mucous membrane highly inflamed, with the glands and follicles extremely vascular; in a few minutes, however, the mouth was filled with an acrid, watery fluid; the lips were very much swollen; the countenance anxious; the pulse slow, soft, and full; the bowels constipated; and the patient complained of great sinking at the scrobiculus cordis, unaccompanied by pain on pressure, but there was great pain in the ears and muscles of the neck. The system altogether appeared relaxed, with a clammy moisture on the skin; the urine high colored and scanty. I directed an enema to open the bowels, but this having failed in its intended effect, three drops of croton oil were given, with a few grains of aromatic confection and powdered gum arabic, and made into a small draught, with half an ounce of rose water, which operated freely; I also prescribed two grains of the sulphate of quinine to be taken every four hours. On the following day I found my patient much the same, except that the symptoms of depression were more urgent, and the discharge from the mouth enormous, amounting to several pints in the twenty-four hours; the discharge manifested an acid character. I now desired that port wine should be taken freely in addition to the quinine, but requested the patient and attendants to discontinue it if delirium ensued, or the head appeared much affected. The following morning I found the patient was much in the same state, except that the incrustation on the mouth appeared thicker. He had taken two bottles of port wine during the twenty-four hours without any effect on the pulse or head, and his mother informed me that they were obliged to give him some at least every ten minutes, as he complained so much of the dreadful sinking, and, if he omitted it longer, he found great difficulty in swallowing. I desired that the quinine and wine might be continued, and, in addition, an electuary with the sesquicarbonate of ammonia and gum camphor mixed with honey, to be taken alternately every two hours with the quinine, and a draught, with two drops of croton oil, to act on the bowels. The next day I found him slightly improved, but was surprised to hear that he had taken six bottles of port wine, in addition to his medicine, without affecting his head or quickening his pulse, and, as he appeared improving, this quantity was continued for six or seven days longer with the best effect; but, at the expiration of that time, his symptoms were so much improved that the quantity was daily diminished, and in its stead, as the power of swallowing improved, he took the decoction of bark with quinine, and alterative doses of blue pill, with the compound rhubarb pill, at night, under which plan he gradually regained his strength.

On the two years following the first occurrence of this disease, Mr. Osborne had returns of the affection, but each rather less severe than the first, in succession. I have since this seen two other cases in different individuals, but, as the symptoms and the treatment pursued were pretty similar, I need not detail them.

In each instance of these diseases the subjects of them had been exposed to the influence of the miasmata during the night, and I think it, therefore, fair to infer that dew damp was the exciting cause, the baneful influence of which on the human constitution is well known to professional men. The quantity of wine which was taken appears enormous, and, had I not been an eye-witness to the fact, I should have scarcely believed that so much stimulus could have been introduced into the system with impunity; it tends, however to show the highly debilitating nature of the disease, and its prostrating effect on the nervous system, which must have sunk under it had this been omitted.

I am convinced that the affection was a local one, for although I expected it would extend over the whole mucous surface of the intestinal canal, there were no subsequent symptoms to prove that such was the case.

CASE OF POPLITEAL ANEURYSM
CURED BY
PRESSURE ON THE FEMORAL ARTERY.

The following case is related by Mr. Bellingham in the "Dublin Journal:"—

James Hayden, a servant, aged thirty-two, labors under popliteal aneurysm on the right side.

The tumor is seated high in the popliteal space; it occupies the entire ham, and projects also backwards; it measures three inches in diameter transversely, and a little more from above downwards. On laying the hand upon it a very strong impulse is felt, both posteriorly and laterally. On placing the stethoscope on it a *bruit de soufflet*, resembling a short but strong whiff, is heard. On making pressure on the femoral artery, all pulsation in the tumor ceases, and on continuing the pressure, it diminishes, and can be completly emptied.

The patient states that his attention was attracted to it about three months ago, in consequence of his feeling a weakness in the limb on coming down stairs; the following day he perceived a tumor in the ham, but he did not observe any pulsation in it at that time; a week afterwards when in bed, he felt a pulsation which has continued since. Subsequently he has suffered from some degree of stiffness and weakness of the knee, which he attributed to rheumatism. Within the last four or five days the ankle has become swollen, the veins of the leg are also slightly varicose. He complains of a feeling of numbness down the back of the leg to the ankle, and he says he suffers some pain when he extends the limb in bed. The disease, however, has not much interfered with the motions of the limb; indeed he fancied he was better after exercise, and he had walked to the hospital.

He has no recollection of ever straining the limb, or receiving any injury in the part; he is an indoor servant, and has never been employed about horses. His general health is very good, the circulation is tranquil, and the heart's action natural and regular; he never was in the habit of drinking, never took mercury. He cannot refer the disease to any cause, and had applied at the hospital on the day of his admission merely to get something to rub to the limb, under the impression that he labored under rheumatism of the part.

In consultation upon the case with Mr. Cusack and Mr. Hutton, it was determined to give a trial to pressure upon the artery above the tumor, and Mr. Cusack, having kindly placed at my disposal Sir Philip Crampton's apparatus, which had been successfully employed by him in a recent case at Stevens' Hospital, one similar to it was constructed by Mr. Millikin.

April 3. The instrument was applied this day; the pad was placed upon the artery as it passes over the ramus of the pubis, and on the screw being tightened the pulsation in the aneurysmal tumor ceased; in a minute or two it returned, and the screw was again tightened; this happened several times; in from five to ten minutes the limb presented a slight dusky color throughout; the patient complained of a feeling of cold in both lower extremities, which probably depended upon the exposure. After a short time the collateral circulation became evidently increased, and the vessels enlarged; the circumflex ilii and the epigastric artery could be felt beating strongly under the finger; the discoloration of the integuments ceased, but the entire limb appeared to be somewhat swollen. He began soon to complain of the pressure of the straps by which the apparatus had been secured above the pelvis, and I was obliged to loosen them. Subsequently it was found that the slightest movements of the patient were sufficient to disturb the pad, and thus remove the pressure from the artery. Although intelligent pupils remained beside him during the day and night, he could not bear sufficient pressure to stop the pulsation in the tumor for more than a few minutes at a time. The apparatus was consequently removed altogether the following morning; the skin at the part acted on by the pad had became red and painful; he felt also a sensation of numbness along the front of the thigh; the limb from the hip downwards was evidently larger than its fellow, and no impression appeared to have been made upon the aneurysmal tumor.

During the application of the compression the patient was always enabled to tell, from his own sensations, when the pulsation in the aneurysm was checked; and in applying the apparatus, and endeavouring to maintain the pressure, I had the advantage of Mr. Daly's assistance, who had superintended its employment in Mr. Cusack's case at Stevens' Hospital, and had improved the construction of the instrument used by him.

6. The limb having recovered its natural appearance, and the redness and swelling having subsided in the situation in which the pad had pressed, the improved apparatus constructed by Mr. Millikin was applied. The application of the compression commenced about half-past eleven o'clock; the same phenomena were observed as upon the former occasion; the limb very soon presented a dusky tinge throughout, and became somewhat swollen; the pressure caused at first little pain, subsequently it increased; the anterior part of the thigh felt numbed as far as the knee; the superficial veins became enlarged, and the limb colder than its fellow; the patient then was less able to tell by his feelings when the circulation through the aneurysmal tumor was checked. In the motions of the patient the pad shifted its position, and increased pressure only caused him more pain. He remained upon his back, however, until nearly six o'clock, p.m., when, no longer able to bear the pain, he turned for relief on the affected side, and was agreeably surprised to find that the pulsation in the aneurysm was checked, without almost any inconvenience to him, the pad merely compressing the artery against the ramus of the pubis, and diminishing, without completely obstructing, the current of blood through it. As he suffered little or no pain, he did not move from this position until about half-past twelve o'clock at night, when he changed it a little; and on loosening the screw to replace the pad, he found that all pulsation in the tumor had ceased; he re-applied it, however, and remained perfectly quiet until about four o'clock, when he had a call to stool, and, on removing the pad, he found that the pulsation had not returned.

At nine o'clock, a.m., April 7, he was visited, up to which time he had continued the application of the same degree of pressure; and on loosening the screw completely, no pulsation could be detected in the tumor, which felt solid, smaller than before, and hard. The limb had recovered its natural temperature; the feeling of numbness had disappeared, and the swelling in a great measure subsided. He was directed to remain perfectly at rest, and to continue the gentle pressure as before, the amount of which he was allowed to regulate by his own feelings.

8. The patient has remained perfectly at rest, and has continued (without any inconvenience to himself) the application of gentle pressure, just sufficient to diminish the amount of the current of blood through the femoral artery, the pulsation of which can be felt while the pad is applied from the pubis to the origin of the anastomotica magna. The tumor in the ham is smaller, more solid, and does not yield the slightest impulse.

11. The apparatus was removed altogether to-day. It had been left on for the last two days, rather to compel the patient to remain quiet in the recumbent posture, than with a view to keep up compression. The tumor in the ham appears to be about the size of a small orange; it has a solid, hard, and rounded feel. The patient has now none of those uneasy sensations in the limb which he formerly complained of. The vessels which carry on the collateral circulation are enlarged; the pulsation of the articular arteries about the knee is evident to the eye; the pulsation in the femoral artery is lost from the lower edge of the opening of the triceps, above which it appears to preserve nearly its natural strength and fulness.

It may be necessary to mention that the patient was bled, and during the treatment was kept upon low diet. In order further to quiet the circulation, he was prescribed a mixture containing a small quantity of the tinctures of digitalis and hyoscyamus.

22. The patient has not been allowed to leave his bed; the tumor is smaller and harder, about the size and shape of a small egg; he has no uneasiness of any kind in the limb, and can bend and extend it freely. The pulsation of the femoral artery is felt as low down as the tendon of the triceps; no pulsation can be detected in the anterior tibial artery on the dorsum of the foot, but, as in Mr. Hutton's case, a small artery can be felt running over the surface of the tumor towards the calf of the leg. The patient's general health is perfectly good, and he has been allowed full diet for the last week.

The further progress of the case may be detailed in a few words. The patient was not permitted to leave his bed for another month, or until about the middle of May, during which time a combination of camphorated mercurial ointment and hydriodate of potass ointment (as suggested by Dr. O'Beirne) was rubbed upon the ham. On beginning to move about, he complained of pain in the ball of the great toe, and subsequently the ankle upon the affected side became slightly œdematous towards evening.

June 15. The patient has been up now for some time, and has been kept in the hospital rather to test the permanence of the cure than from any necessity. The tumor in the ham is very small, and he feels no uneasiness of any kind in the limb.

The length of time during which pressure was applied in this case, until all pulsation in the aneurysm ceased on unscrewing the pad, was little more than eight hours. The instrument was first placed upon the limb at about half-past eleven o'clock, a.m., and the pressure continued until six, p.m., during which time the pulsation was checked for not more than two hours, and this at intervals only of a few minutes at a time. From six o'clock to twelve o'clock steady pressure was kept up, and during the whole of this period the pulsation in the ham was checked; the current of blood, however, through the femoral artery was not altogether obstructed; its pulsation could still be detected by the finger. After half-past twelve o'clock the tumor no longer pulsated on the removal of the pressure, but, as the details of the case show, the compression was continued as a matter of prudence for a much longer period.

I have not taken into account the compression exercised by the apparatus first employed, as, on its removal, it was found not to have made the slightest impression upon the tumor, though no doubt it contributed, during the short intervals at which it acted, to bring about the enlargement of the vessels which carry on the collateral circulation.

The instrument employed upon the present occasion consists of a hollow splint, well padded, and of sufficient size to receive the nates and upper part of the thigh of the side upon which we intend to make pressure, and sufficiently long to reach from the crest of the ilium behind to the middle of the thigh. From the upper and outer edge of this splint a strong steel strap passes upwards, then inwards and downwards, over the anterior superior spinous process of the ilium, until it meets another steel strap from the lower and inner side of the splint, to which the latter is attached by a screw, which permits of its being shortened or lengthened; at the situation where the two steel straps meet, the lower is fitted with a slide, and the upper has a hinge; in addition there is a sliding box, slow tourniquet screw, and pad, with a sliding bar to prevent lateral motion. To the upper and inner edge of the splint a strong spring is attached, which embraces the opposite side of the pelvis, and is continued into a soft strap which passes over the abdomen and secures it above, while below a soft strap passes round the middle third of the thigh.

The principles of the construction of this instrument are the same as in Sir Philip Crampton's; it differs in the larger size of the back splint, which permits the whole of the nates and upper part of the thigh of the affected side to rest in it, also in having a strong spring, which comes round from the opposite side of the pelvis, by both of which the instrument is rendered more secure. In addition, the outer steel strap, in consequence of the greater length of the back splint, comes off at a higher point, which permits of the pressure being more accurately applied to the femoral artery, as it passes over the horizontal ramus of the pubis. The pad, tourniquet screw, sliding box, and sliding bar, do not differ from the same parts in Sir Philip Crampton's instrument.

I have suggested a further modification of this instrument to Mr. Millikin, which consists in having the back splint of sufficient size to receive both nates and the upper part of both thighs, the steel strap in which the pad is received, and by which pressure is applied, to come from the opposite side of the pelvis. Such an instrument would answer for applying pressure to the upper part of either femoral artery.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, AUGUST 5, 1843.

If it be true that at almost every period of the healing art quackery has proved a formidable obstacle to its cultivation as a science, or its pursuit as a profession, the fault has too often been with its own members. The pseudo-medical absurdities of the past day have been surpassed by those of the present; and, whilst in bygone times a few only in the profession aided the extension of quackery, hundreds now rush without hesitation to give support to even the grossest forms of medical imposture. The most absurd speculations now are looked upon without distrust, and the most ignorant and nefarious practices are tolerated—nay, worse, are advocated—by men possessing rank in that profession, the degradation of which seems but as a feather in the balance, when opposed to matters of personal advantage.

If the absurdities and trickeries of Mesmerism have formed a stumbling-block in the path of the conscientious and respectable practitioner, the error has been with the profession itself, which, from out its foremost ranks, have furnished men who, heedless of all reputation for science or for honesty, have eagerly advanced to assume the task of advocacy. If homœopathy has met with marked though short-lived success, medical practitioners have themselves been its most powerful supporters. If hydropathy is fast becoming a thing of fashion, medical men have served to make it so. Daily does the great body of the profession bitterly experience the advancement of quackery, by the aid of those of its own members, who, unsuccessful as legitimate practitioners, or from some other cause, hasten to seek a place amongst the followers of that medical pretender whose doctrines may be most novel or most fashionable; and if, as not unfrequently happens, they fail as the disciples of one, they adopt the creed of another, until good fortune directs them to the selection of the most profitable. Thus, amongst the hydropathists of the present day are many who have previously, without success, adopted the absurdities of Hahneman, or lauded in vain the mysteries of Mesmer.

Too frequently has the unpleasing task fallen to our lot to mark the defalcation not merely of numbers, but of men of deserved reputation in the profession, and who, by their single advocacy of an adverse cause, have done far greater injury than the long list of proselytes who have never distinguished themselves in the field of science. With sincere regret has it been that we have marked the frequent publication of monographs said to be written for the purpose of investigating Mesmerism, homœopathy, or hydropathy, as the case may be, but which, by some remarkable coincidence, are never given to the world, unless their authors have themselves adopted the views they have proposed to examine. The pages of a former Number contain a well-written address by a correspondent, the object of which is to warn his professional brethren from being caught in the snares of Mesmerisers, to which we would add the caution, of not being allured by the association with Mesmerism, or any other form of quackery, of great names in our profession, whose objects, though not always understood, are rarely those which are expressed. Scarcely will it hereafter be believed that medical authorities of the present day, high in rank and distinguished for scientific attainments, have been found to silently encourage or openly advocate the worst forms of chartalany: or that amongst those who, beneath the baneful influence of medical imposture, have lost well-earned reputation, rank some who have have been regarded as philosophers, and now carrying to the extremest limits their convenient creed "*nil admirari*," prostitute the name of philosophy by making their devotion to it an excuse for investigating, or in other words assisting, in the promulgation of absurdities which they well know to be such. Can the public with justice receive censure for the patronage daily bestowed upon the most ignorant pretenders and their absurd systems, when their own medical attendants themselves adopt such views, and when Sir Charles ——, or Dr. G——, or Mr. M—— inform them that they have investigated a certain plan of treatment, and have derived benefit therefrom in their own particular cases. Is it a matter for surprise that their patients should blindly adopt similar opinions, and is it wonderful that they should seek the attendance of those who first introduced them?

There are two classes of medical proselytes; the first boldly announce their object, and at once step beyond the pale of the profession, self-declared empirics—the other, with less boldness and less honor pretend to undertake the investigation of certain newly-born delusions, and (mark their self-devotedness!) try the efficacy of the treatment in their own particular cases; and, as in the instance of hydropathy, these worthy members of the profession, in order to enrich their labors by personal experience, forsake their practices at home and undertake the toils of a pilgrimage to Graefenburgh. For this last class we must feel greate contempt than for the first; concealing their true object, they prostitute science, injure materially the profession to which they belong, by still styling themselves legitimate practitioners, when in truth they are but the agents of quackery. Increased pecuniary advantage is their real object, medical science the mask employed to conceal it. Let but the veil of deception be raised, and these scientific investigations of reputed remedies, and the anxiety of the essayists to give to the world the results of their labors, no longer hides from view the true object, which is commonly divided between a thirst for notoriety and increased professional employment.

If the assistance afforded to the hydropathists was derived solely from the class of *water doctors* in our country, who have now, for the first time, attained reputation (we say not of what kind), the interests of medical science would suffer in a far less degree—the public would alone be injured. The proprietors of the large bathing rooms now established in different parts of the country do not merit even a passing notice beyond the expression of regret that the judicial inquiries of a coroner's court are not directed to their unsuccessful cases; not that hydropathic treatment can be unsuccessful, but that, strange to say, sundry old asthmatic and gouty ladies and gentlemen *do* go down to hydropathic establishments, and *do not* come back again. It is, however, wrong to be ungrateful for any additional means of advancing medical knowledge, and it cannot be denied that our acquaintance with pathology is daily becoming more complete, and, if hydropathy flourishes a little longer, will be perfect. A most interesting and illustrative case is contained in our last Number, which, had it not been for one of these aquatic institutions, we should not have had an opportunity for recording. A somewhat similar case lately occurred in a patient who had formerly been under our own care, and who, having long suffered from the miseries of chronic rheumatism, was, at an advanced period of life, subjected by injudicious friends to the treatment of a writer on the "water-cure." She was enveloped in the leintuch, or wetted sheet, copious libations of cold water enjoined, the same process ordered to be repeated on the next day, and the deluded patient comforted with the assurance that she would then be free from all suffering,—*and she was.*

It is, however, by deserters of a higher grade that the greatest amount of injury is inflicted upon the profession at large. Instances have been of far too frequent occurrence; and at this moment have we to regret the association of the name of one ranking high as a physiologist and a surgeon with that of the proprietor of an hydropathic establishment on the banks of the Rhine, in which, as the published prospectus informs us, are treated by "water, instead of the nauseous, expensive medicaments formerly employed, which were frequently injurious to the constitution. All disorders arising from stagnation, concretion, or corruption of the juices — as hæmorrhoids, hypochondria, hysterics, melancholy, obstructions; many glandular disorders, particularly scrofula; gout, rheumatism, syphilitic and mercurial diseases; most cutaneous affections, such as eruptions, tetters, ulcers, and particularly weakness or excessive sensibility of the skin when exposed to the atmospheric influences; all disorders arising from weakness, general debility, weakness of digestion, weakness and irritability of the nerves, incipient palsy, and painful nervous disorders." (!!!)

Was ever such a catalogue to be found in the handbills of the veriest quack in this great city? Yet, not content with the enumeration of almost all the ills that may befal humanity, a concluding line is introduced by which it is professed also to cure "most diseases to which females are subject," and, that the imagination of the hypochondriacal reader may supply itself with any deficiency in the list of diseases, is appended "&c. &c." Fearful that even the promised boon of health restored should not prove sufficiently attractive, the animal propensity of eating and drinking is appealed to by the description of the "excellent fruit, *particularly the grapes.*" Nor does this most comprehensive prospectus neglect matters of domestic interest, but gives the useful information that the "weekly expense for brushing and cleaning clothes and boots is five silbergroschen;" immediately beneath which is placed the announcement that Mr. ——, lately Surgeon to ——— Hospital, is a resident medical officer." Whether his rate of remuneration is also five silbergroschen, we are left to imagine.

When men who have really done good for science lend their names to the encouragement of quackery, how venial do similar errors in medical practitioners of less pretensions become. What is the reward each must draw down on himself?—the well-merited contempt of every right-thinking and respectable member of the profession. The name of the individual to whom we have alluded now ceases to elicit the respect it once received. Well may he look upon the path he has forsaken, and exclaim—

> "I have touched the highest point of all my greatness;
> And from that full meridian of my glory,
> I haste now to my setting! I shall fall,
> Like a bright exhalation in the evening,
> And no man see me more!"

It would be well for the honor of the profession if an example such as this might operate in deterring more from joining the ranks of the hydropathists or other impostors of the day. But it is otherwise; an apparent justification is made out, and now author after author writes his pamphlet on the "water-cure," and steps forth a candidate for public patronage. If this be doubtful, if it be thought that we have ventured to throw out a caution unnecessarily, let the advertising pages of the daily prints afford abundant proof to the contrary; works are there described as "just published," or about to be so, on the treatment of "disease by the water-cure." Great names are sometimes appended as their authors, who, as almost every apologetic preface has it, did but act on the axiom of never rejecting knowledge, from whatever source it may emanate, and at the same time casting upon the whole profession the bitter satire that they, who have long been occupied in the study and practice of medicine, are now to receive their knowledge of the treatment of disease from an untaught peasant, who, but for the credulity of the public, and the assistance afforded by the class of writers to whom we have alluded, would still have continued in that capacity from which he has been so suddenly and so unexpectedly elevated.

Again we repeat, that if quackery such as this prove successful, the fault is, in a great measure, with the profession, but more particularly with those of its members who employ themselves in writing monographs upon the reputed treatment, not with a view to investigate and assist in exploding each form of quackery, but encouraging and appropriating such systems to their own purposes.

The publication of the PROVINCIAL MEDICAL JOURNAL has been delayed until the present time, in order to afford us the opportunity of placing before our readers an account of the proceedings of the Anniversary Meeting of the Provincial Medical and Surgical Association at Leeds, and thus enabling those members, who were prevented from being present on that occasion, to become acquainted with the increasing success and prosperity of the Association.

PRESENTATION OF PLATE TO SIR A. J. KNIGHT, M.D.

On Wednesday afternoon, at half-past three o'clock, a numerous meeting of members of the medical profession, in Sheffield and its neighbourhood, was held in the Cutlers' Hall, for the purpose of presenting to Sir Arnold James Knight, on the occasion of his leaving Sheffield, a splendid silver salver, as a mark of their esteem. The salver, which was of the most costly description, bore the following inscription:—

> "To SIR ARNOLD JAMES KNIGHT, M.D. (Physician Extraordinary to the Sheffield General Infirmary), who, after a professional residence of more than twenty-eight years in Sheffield, retired from an extensive practice deservedly obtained and honorably pursued; his medical brethren, who admire his virtues and respect his skill, unitedly present this testimonial of their high esteem.
>
> "Sheffield, July 26, 1843."

MR. CURLING'S WORK ON THE TESTIS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In a review of my work on the Diseases of the Testis, which has lately appeared in your Journal, I find some misstatements which so unfairly affect the character of the work that I am reluctantly induced to notice them. With your general opinion of the merits of the treatise, as an author I will not venture to quarrel, though I might fairly question the justice of designating simply as a "compilation," a work which contains no less than eighty original cases, besides references to many others not detailed, and in which the symptoms and treatment of most of the diseases are described from personal observation, implying considerable experience, and from the examination of hundreds of morbid testes.

The reviewer states that, "the first chapter on the anatomy of the testis and its coverings presents nothing that is new or is not to be found in the elementary works." Allow me to ask him what elementary work contains an account of the structure of the gubernaculum and descent of the testis, as my investigations have led me to describe it, except the last edition of Mr. Wilson's Anatomist's Vade Mecum, in which that excellent author has given a brief description of my views as originally published in the "Lancet." Again he remarks, "Nor do we find any practical deductions from anatomy, which, we think, is the only excuse for filling surgical treatises with anatomical details." This observation is certainly not made with much consistency by a critic who has just previously commended the systematic character of the work, and complained of the leading English surgeons mixing up diagnosis with treatment and wandering from this to symptoms. The fact is, the second part of the treatise, in which the morbid anatomy and symptoms and treatment of the disease of the testis are described, is full of practical deductions from the anatomy. The descriptions of the imperfect descent of the testis, of the mode of formation of the various kinds of hydrocele, of the liability of the tunics to inflammation in different affections, of the influence of the tunics in modifying the various diseases of the testis, &c., are plainly practical deductions from the anatomy introduced in their proper places.

In considering the treatment of *acute* orchitis I have remarked, "In the gonorrhœal form of the affection all means which may have been resorted to in order to arrest the discharge must be abandoned." The reviewer is pleased to call this recommendation injudicious, and the doctrine an antiquated one. I maintain that it is sound surgery, but would excuse the writer differing in opinion from me if his observations on the above quotation had not given a meaning to it which is not implied, and which it was by no means intended to convey. The remark applies to the treatment of *acute* orchitis, of the early stage of the disease—a period at which, in my judgment, the use of active injections and of copaiba and cubebs should be for a time abandoned; and on this point I believe all practical surgeons are agreed. The reviewer observes, "Surely if the irritation in the urethra, extending along the vas deferens, is the cause of the orchitis, the treatment should consist in combatting not only the effect but the cause; reasoning dictates such a course, practice corroborates it, and in chronic orchitis we maintain no other plan will succeed." True enough; but I was not treating of chronic orchitis, nor recommending the cause to be neglected. It is clear that the reviewer misunderstands the application of the passage, and consequently reasons erroneously upon it; and if he had read the work attentively he would have found that, at page 287, I have called attention to the urethra as the source of the disease in chronic cases of consecutive orchitis, and recommended the surgeon to direct his treatment to it.

The reviewer, who appears to have a foolish horror of mercury, in finding fault with my recommendation of its use in acute consecutive orchitis after the more active symptoms have subsided, adduces as an objection to this treatment the injury it is capable of effecting in scrofulous constitutions; but he might have done me the justice to add that in the succeeding chapter (page 333), I have remarked that "in strumous affections generally the influence of mercury is usually prejudicial;" and that I have not stated that mercury is constantly necessary in the cases referred to.

I am unjustly accused of copying opinions from Ricord and Mr. Acton, the sources being very incidentally mentioned; but not a single example or proof is adduced, and I positively deny the charge. My opinions may, for aught I know, have occasionally accorded with theirs; but even if so, that is not sufficient to justify such an accusation. Upon some points I know I differ from Ricord; for instance, as to the testis, which is more commonly attacked with inflammation.

Your readers must have been surprised at the opinion expressed by the reviewer, in his anxiety to disparage my work, that in treating of morbid anatomy woodcuts "may be very pretty, but surely are not called for or likely to assist us, as in treatises on anatomy or midwifery." Mr. Liston, Mr. Bransby Cooper, and Mr. Fergusson have not thought so, and, like myself, have gladly availed themselves of the talents of that clever artist, Mr. Bagg, to illustrate subjects of morbid anatomy in their works. I am satisfied that no description, however graphic, could convey to the mind the same clear impression of the parts represented as the figures at pages 188, 242, 294, 522, &c., of my treatise.

I must observe, in conclusion, that the gentleman who penned the review is evidently a person of small experience, both as a writer and as a surgeon, or he would scarcely have written two such sentences as the following:—"The result of our own experience in the use of Lallemand's instrument is fraught with little or no danger." "The cases of spontaneous cure are so few that the surgeon is not justified in resorting to it." The perusal of these sentences, in addition to the preceding comments, will, I believe, lead your intelligent readers to question the pretensions of the writer to the critical office which he has assumed.

I am, Gentlemen,
Your obedient servant,
T. B. Curling.

37, New Broad-street,
July 27, 1843.

CASE OF LITHECTASY.

Mr. Fergusson has recently published the details of a case of vesical calculus, in which he performed the operation of lithectasy. The patient was aged sixty-four, and for twelve years had labored under symptoms of disease of the urinary organs, and had once passed by the urethra a calculus of about the size of a bean. He was sounded by Mr. F. who detected the presence of a stone, somewhat larger than a walnut, together with smaller portions, supposed to consist of fragments. The operation is thus described: An enema had been administered at eleven o'clock, and at half past one the patient was bound up in the usual manner as for lithotomy, an ordinary sized staff, with the groove on the convexity, having previously been introduced into the bladder. The staff and scrotum being held as for the ordinary operation, an incision was made along the raphé about an inch and a half in length, terminating about half an inch in front of the anus, from which point two incisions, each about three-fourths of an inch in length, were carried downwards and outwards. The superficial cellular tissue being divided to a similar extent, the point of the knife (a common lithotomy bistoury) was thrust into the groove of the staff, a little in front of the triangular ligament. The edge of the blade was so applied as to divide the triangular ligament to a slight extent first downwards and outwards on one side, and then in a similar way on the other; the groove of the staff being then distinctly felt by the fore finger of the left hand, the metal point of an Arnott's dilator was placed within it, and slid cautiously into the bladder. The staff was next withrawn, and the bag of the dilator was partially distended with a solution of gum arabic, the distension having been continued until the patient complained of pain. He was then unbound and carried to bed. He seemed to suffer little during the operation, and when removed from the table his pulse was firm and countenance cheerful. Very little blood was lost from the wound.

Three o'clock, p.m. Feels a little pain in the perineum from the action of the dilator, into which additional quantities of fluid have been thrown at brief intervals. Had a desire to void his urine, which has just been drawn off by slipping a female catheter along the upper surface of the dilator, and now feels relieved; fluid quite clear.

Four, p.m. Five ounces of urine have just been drawn off by the catheter, some of the fluid from the dilator having been allowed to escape before slipping the instrument along; dilator again distended, and patient making no further complaint; a slight oozing of blood from the wound.

Five, p.m. Has had slight shiverings within the last half hour. The dilator, being now fully distended, has been withdrawn, and one of larger dimensions substituted; this instrument is provided with a tube in the centre, which permits the urine to flow freely from the bladder.

Seven, p.m. Complains of slight pain above the pubes, and also in the perineum in the course of the dilator. No more shivering; pulse 96, full, and strong; has taken a little tea, and had about an hour's sleep; blood still oozing from the perineum.

Ten, p.m. Has less pain; feels much more comfortable; has slept again, and feels refreshed; pulse 92; skin cool; tongue moist, and little thirst. About an hour ago had great desire to make water, accompanied by some straining. The dilator withdrawn, and a larger one introduced, the house-surgeon being instructed to fill it at intervals in accordance with the patient's feelings.

25, One, five and, nine, a.m. Nothing unusual during any of these intervals. Has slept pretty well; pulse averaging about 84; and in every respect seems as comfortable as could be expected.

At nine o'clock the dilator (about one inch and a quarter in diameter) seemed fully distended, and it was resolved to attempt the extraction of the stone. The patient was placed on the edge of the bed, and (the dilator having been removed) the fore finger of the left hand was passed along the wound through the neck of the bladder until the stone was felt. Some fragments lying close beside the neck of the bladder were removed by aid of the scoop, which required to be introduced several times, when a small pair of forceps were used to seize the stone. This being effected with little trouble, an attempt was made to extract, but with no benefit, the stone seeming too large to pass along with freedom. A pair of forceps slightly larger were then tried, and next a hook, but with no favorable result. The forceps were again used, and with some additional force, but still there was resistance. The blades were now forcibly closed with a rapid motion, when the stone split into fragments, which were readily removed without further trouble. A careful search having been made for fragments, and the bladder having been cleared with a syringe and warm water, the patient was replaced in bed. He seemed fatigued and shaken by the proceedings, but was speedily relieved by a little wine and water. More blood was lost than during the cutting part of the operation. The different fragments of stone weighed, together, two ounces.

Eight, p.m. In the early part of the day had slight shivering, with a weak and fluttering pulse, but soon got better after taking a little wine. Pulse has risen in the course of the day from 98 to 124. Has complained of pain in the wound, also in the abdomen, immediately above the pubis, and has felt oppressed with heat, the day being very warm. Has been thirsty, and the tongue has occasionally been parched. In the evening had slight vomiting of a greenish colored fluid. Has slept at intervals; bowels been once moved; urine passing freely through the wound; has taken from time to time small quantities of barley water, with a little wine, and sometimes an effervescing draught.

26, Nine, a.m. Had an opiate and diaphoretic mixture last night; has slept tolerably well, though occasionally restless, and still troubled with complaints similar to those of yesterday. Vomiting of a bilious character, and has been ordered five grains of blue pill; abdomen has been fomented, from which he has experienced some relief.

Ten, p.m. Has improved during the day; has now no sickness; tenderness of abdomen gone off; bowels have been moved twice since the morning; skin cool and moist; tongue almost natural; pulse 88; respiration 18, easy; water passing freely by the wound.

27 and 28. Everything going on rather favorably,

although, in the course of a day, the pulse and respiration vary considerably; complains at times of pains in different parts of the body and abdomen; wound looks healthy, and urine passes freely.

29, Nine, p.m. Has had a restless night, and complains of tenderness of the abdomen, which is aggravated by a troublesome cough; is rather feverish, and appears weak and depressed; wound still looks well.

Ten, p.m. Fever has increased during the day, and tenderness of abdomen still continues; complains of flatulency, and there is slight tympanitis; pulse 123, small, and weak; appears low and distressed, having an anxious, pinched expression of countenance. In the course of the day the wound has looked sluggish, and hot dressings have been applied. To have an ounce of wine every hour, and five grains of sesquicarbonate of ammonia, with one drachm of compound tincture of cardamoms, in an ounce of camphor mixture, every four hours; an opiate enema in the evening.

30. Since last night has gradually become weaker. Brandy and wine have been exhibited at frequent intervals, but with no benefit. He died at seven o'clock, a.m.

Sectio Cadaveris, Thirty Hours after Death.

The peritoneum contained a small quantity of sero-purulent fluid, but presented no trace of active inflammation at any point. In the *cul de sac*, between the bladder and rectum, the surface was of a blue color, such as is the effect of putrefaction in warm weather. The surface of the wound, so far as it could be seen on looking from the perineum, was of an ash color. The rectum and bladder, with the skin and other tissues in the perineum, the symphysis pubis, and a portion of the penis, were removed. The fat and cellular tissue were cleared away, so as to permit a more accurate inspection of the parts in the vicinity of the neck of the bladder. Between the angle of the pubes and the latter part the textures seemed in a natural condition; there was no appearance of contusion, laceration, or infiltration of blood. Towards the right side of the prostate there was slight ecchymosis, but the external surface of this gland, on the left side, was in a natural condition. The cellular tissue between the bladder and rectum, and that lying on the outer surface of the gut, was softened and slightly infiltrated with a sero-purulent fluid. The softening appeared partly the result of inflammation, and partly of putrefaction. The side of the rectum next the opening into the bladder was of a blueish color, similar to that on the lower part of the peritoneum. The ureters (especially the left one) were larger than usual; they were traced into the bladder, and at these points, as well as in the site of the vesiculæ seminales, the bladder, although externally it seemed healthy, was somewhat thickened. The finger passed readily along the opening into the bladder, coming in its course into close contact with the rectum. The lateral lobes of the prostate were distinctly felt, the inferior and upper portions being by no means so perceptible as usual. The aperture here seemed like a vertical slit. The original opening into the urethra was at the back part of the bulb, and in this vicinity there were scarcely any traces of contusion. The interior of the bladder was exposed by a semilunar incision through the tunics on the left side. The mucous membrane presented no appearance of inflammation; it was, however, extensively sacculated, and several of the pouches were filled with concretions, some of them forming distinct elevations, about the size of peas, on the outer surface of the bladder. The membrane at these parts was remarkably thin. A close inspection of the neck of the bladder in the vicinity of the orifice detected slight marks of contusion, and here the surface of the opening appeared somewhat ragged, and it was apparent that the prostate had yielded chiefly in its lower part, and next in its upper. The wound was covered with shreds of lymph, and here the color was similar to that observed on the perineal end of the opening. A slit was made along the left side of the track, and the interior presented a rough lacerated surface, the mucous membrane of the urethra being nowhere visible, excepting at the upper part, where it was continuous with that in the sound portion of the tube. The kidneys were of a natural size, pale in color, and soft in texture. The right pelvis contained about eighteen or twenty small concretions, each about the size of a pin's head. The viscera of the abdomen generally healthy. No other region of the body was examined.—*Lancet.*

MEDICAL CHARITABLE SOCIETY OF THE WEST RIDING OF THE COUNTY OF YORK.

The fifteenth anniversary of this excellent institution was held at the Leeds School of Medicine on the 13th of July, 1843. It gives us much pleasure to perceive, from the report, that the society continues "to pursue its useful existence with energy and success."

The treasurer's account shows the income of the year to have amounted to £759 3d.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, July 28, 1843.

W. Wilkinson, R. W. Watkins, E. J. Riccard, J. Palmer, H. Harding, E. Callender, H. Butler.

TO CORRESPONDENTS.

Communications have been received from *Dr. Woodhouse*, Reading; from *Mr. Copeman*, Cottishall; from *Mr. Fletcher*, Sheffield; and from *Mr. Terry*, Northampton.

ERRATUM.

In Dr. Prichard's communication on transfusion of blood, an error of print has occurred, which we are desirous of correcting. The case should have been dated 1843, *instead of* 1834.

COMMUNICATIONS, JOURNALS, AND BOOKS FOR REVIEW, TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION, TO DR. STREETEN, WORCESTER.

Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand;
and Published by Henry Renshaw, at his residence, No. 356, Strand.—Saturday, August 5, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 150.] LONDON, SATURDAY, AUGUST 12, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES
ON
VENEREAL AFFECTIONS
DELIVERED
AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE X.

May 26, 1843.

Gonorrhœa in females — Complications — Uterine gonorrhœa—Treatment—Gonorrhœal ophthalmia —Causes—Symptoms—Diagnosis—Prognosis— Prophylactic treatment—Therapeutic treatment.

Gentlemen,—The tendency of gonorrhœa in women to run into the chronic stage is well marked only in deep-seated vaginitis. Chronic urethritis, less common than in the male sex, very seldom produces anything like strictures. Without doubt, the most rebellious form of the disease is uterine catarrh.

Complications.—I shall here follow the same division as in the study of the symptoms. *Vulvitis* may be accompanied by œdema of the labia majora, and the swelling be carried to such a degree as to cause a morbid disposition analogous to phymosis. Also, in consequence of the same complication (œdema) in women presenting large nymphæ, and comparatively small labia, the distension of both may induce a real strangulation of the former, resembling paraphymosis.

Instead of serosity, pus may be contained in a circumscribed abscess, or diffused in the neighbouring cellular structures; hence suppuration of the labia, or abscess, more easily determined by the previous existence of follicular cysts. Prurigo, eczema intertrigo, may both be found in combination with the disease. More rarely than in the male subject, *urethritis* may occasion dysuria, or even more or less complete retention of urine. The inflammation may extend to the bladder, or give rise to hæmorrhage from the urethra.

Vaginitis presents few special complications, except phlegmonous inflammation, and this is by no means common. As to *uterine gonorrhœa*, it may produce true urethritis, with all its symptoms. But another and more frequent accident of uterine catarrh is *ovaritis.* I have met with it often, and believe that it may not inaptly be compared with epididymitis. The inflammation of the ovary seems to me, in fact, to bear towards uterine catarrh the same ratio as epididymitis does to urethritis. Its symptoms are swelling of the organ, pain on pressure of the hypogastric region, and also on examination *per vaginam.* The pain increases when the surgeon attempts to draw the uterus *from* the inflamed ovary, and also, from the same cause, when the patient lies upon the *healthy* side, the weight of the womb dragging downwards, and distending the broad ligaments of the diseased ovary. The anatomical appearances have not, to my knowledge, ever yet been investigated; but I am strongly inclined to think that many ovarian dropsies have no other origin.

Gonorrhœa in women may accompany chancres, or be the symptom of their existence. Another, and less generally known, cause of vaginal discharge is the presence of mucous tubercles developed within the genital organs, in consequence of secondary syphilitic infection. Ulceration, or erosion of the os tincæ, is comparatively rare in the acute period of gonorrhœa. This alteration communicates to the orifice the red, glistening aspect, somewhat resembling that of a freshly denuded blistered surface. When the disease is of long standing, the follicles of the neck of the uterus acquire a morbid development with granulations, which may impose on the unpractised eye for ulceration. These granulations proceed from the cavity of the os tincæ, and both lips are affected. In true ulceration the case is different; in the virgin the os tincæ is circular, and the circumference is excoriated; in women who have borne children, the posterior lip alone is commonly the seat of the disease. To explain this circumstance, it has been asserted that the posterior lip, being more dependent than the anterior, receives the uterine discharges, and is thereby irritated and excoriated, whilst the other lip remains healthy; but this alleged declivity exists only in the horizontal position necessary for the introduction of the speculum, and I conceive, on the contrary, that in the erect position the anterior lip is more dependent than the other, from the natural direction of the axis of the womb. When we reflect on this direction, when it is recollected that *anteversion* of the uterus is a *very* common deviation, it appears more probable that the habitual contact of the posterior lip of the os tincæ with the posterior wall of the vagina, is of itself a circumstance well calculated to keep up the irritation.

Treatment.—In inflammation of the vulva, lotions with nitrate of silver (four or five grains to the ounce) will suffice, particularly if attention be paid to keeping the parts separate by the introduction of dry lint between them. As deep follicles may escape the action of the wash, it will be sometimes necessary to inject the fluid directly into their sinuses, or even to cut them open. In the phlegmonous variety of this disease, baths and an antiphlogistic regimen will readily subdue the symptoms. Scarifications will be proper in case of œdematous complications, and excision of the nymphæ, if their size be considerable. Here abscesses should be opened at an early period, as they soon betray a tendency to extend towards the rectum.

During the acute stage, the treatment of *vaginitis* should be conducted on the antiphlogistic plan. In the chronic period, much benefit may be derived from injections of nitrate of silver, of the strength above mentioned. Injections with acetate of lead, sulphate of zinc, or alum (about two scruples of one or the other to a pint of water), will answer the same purposes. Cauterisation with nitrate of silver over all the membrane will be found advantageous in some cases. I proposed, some years since, to prevent contact between the inflamed surfaces by plugging the vagina. This can be done by rolling into a cylindrical shape a quantity of "charpie," fixed in the middle of its body by a string, which serves to extract the plug from the vagina, into which it has been introduced. The operation must be repeated twice a-day. The late M. Hourman modified my plan, by using, instead of charpie, cotton—a bad substitute, as well as English lint, inasmuch as neither can absorb the secretions so well as charpie, but become, as it were, varnished over, and leave the irritant fluid in contact with the inflamed membranes, thus keeping up their excitement. The plug may serve as the vehicle of various therapeutic agents, such as calomel, alum, &c. From the observation that inflamed surfaces, when exposed to air, soon dry up and cure, I concluded that the vagina, placed in similar circumstances, would likewise be benefitted, and consequently had a sort of ventilating speculum constructed for the purpose; but, just as I flattered myself upon the ingenuity of my discovery, I found I had been anticipated centuries ago by Ambrose Paré, who used a similar instrument, a design of which will be found in his works.

For the relief of patients laboring under *uterine catarrh*, little was formerly done except emollient and astringent vaginal injections. I was the first to propose, in the year 1833, a mode of treatment directed against the uterus itself; it will be found, with all its details, although other persons have put in posterior claims of invention, in the "Mémoires de l'Académie Royal de Médicine, 1838, second fasciculus," and consisted in injecting through into the os tincæ.

M. Bretoneau, M. Hourman, and M. Robert, have objected to this method, from the fear of producing urethritis, or even peritonitis, from the passage of the injected fluid into the abdominal cavity, through the Fallopian tubes. It was found, on the dead subject, that the injected substance may be forced into the abdomen, and on one body, that of a woman lately confined, M. Nelaton even found it in the uterine sinuses.

These experiments are perfectly true and correct on the dead body; but I contend that the conclusions drawn from the dead subject, with respect to the living, are erroneous. There is no doubt that the injection may be forced into the abdomen when the neck of the uterus is firmly tied to the syringe, so as to preclude the possibility of the return of the injection through the os tincæ; but the conditions are far different in the living subject. Both M. Récamier and myself have clearly established that the tube should be loose in the cavity, and that no violence whatever should be employed. Again, I will remark, that the fluid injected, from its very nature, coagulates the uterine secretions, thus forming a fresh obstacle to its own passage into the peritoneum, so that on this ground, at least, I conceive the fears entertained by the opponents of uterine injections to be utterly devoid of foundation.

The injections may be composed of a weak solution of nitrate of silver, of nitrate of mercury, or of tincture of iodine. The instrument with which I propel the injection is a double syringe; the internal tube contains the stimulating fluid, the external tube common water, with which the other injection is washed away.

The quantity of the compound injection should be very small, and not exceed a quarter of an ounce (a teaspoonful). The immediate effects of the operation are very singular, and very analogous to those which follow injection of the tunica vaginalis. Lumbar and hypogastric pain, hysterical fits, fainting, sickness occur, doubtless in consequence of the extensive sympathies of the uterine system, but disappear without any serious results.

Independently of this special treatment, the application of leeches to the lumbar region will be found useful. In chronic cases, bitters, balsamics, cold baths, particularly sea bathing, preparations of iron, should be prescribed, and moreover, strictly persevered in, without which a permanent cure can scarcely be expected.

As to copaiba and cubebs, they will be utterly useless in this form, and no benefit can accrue from their exhibition except when urethral gonorrhœa is present.

Gonorrhœal Ophthalmia.

Let us now turn to the subject of gonorrhœal ophthalmia. This inflammation, belonging to the non-virulent class of venereal affections, must necessarily remain distinct from the various forms of ophthalmia resulting from syphilitic infection.

Causes.—Like gonorrhœal discharges, it may proceed from the various causes of catarrhal affections; but the circumstance which exerts the most powerful influence over blenorrhagic ophthalmia is, without doubt, the previous or the simultaneous existence in the same subject of urethritis. Is the malady a result of direct contact of the gonorrhœal secretion with the eye, or is it the produce of metastasis? On these points pathologists are at variance, and divided into two classes, each holding exclusive and opposite positions. Absolute truth is with neither. I will endeavour to reconcile their opinions.

The arguments adduced in favor of direct contagion are so strong as to permit us to assert that this is the most frequent origin of the disease. 1. Gonorrhœal ophthalmia is more common in men than in women; and it is a fact of every day observation that the former has more frequent occasion to touch his genital organ. 2. One eye is oftener affected, a circumstance which metastasis or repercussion cannot explain. In the infant, both eyes, because both are equally placed, during parturition, in immediate contact with the stimulus, be it gonorrhœal matter, or be it, what is much more probable, the mere vaginal secretion, increased, and perhaps modified, by labor.

A popular opinion, current amongst the lower orders in this country, that urine constitutes the best wash for sore eyes, is, I feel assured, often the real origin to which gonorrhœal ophthalmia may be traced.

Blenorrhagic secretion, conveyed from one person to another, has occasionally produced the disease. It is also stated that the pus of bubo, introduced into the eye, will give rise to it. Amongst other cases, the example of Cullerier (senior) is adduced; he is reported to have lost an eye in this manner, from the secretion of a bubo he was in the act of opening being jerked into his eye. No doubt many stimuli may bring on violent inflammations of the organs of vision. Now, supposing that Cullerier had no *personal* motives which might account for gonorrhœal ophthalmia, it is evident that the pus of the bubo must have acted here as a common irritant, and not as a virulent specific.

As to the *gaseous emanations* from gonorrhœal matter, supposed by a Belgian physician to be capable of producing the ophthalmia, the assertion is, to say the least, gratuitous, and appears to us as undeserving of credit, as it is unsupported by facts.

The secretion of urethral gonorrhœa must contain pus, in order to possess contagious properties. This is true for the eyes as well as for other organs. I have never heard of a case, much less seen one, in which the ocular inflammation occurred after the genital secretion had returned to the state of gleet. Is it not surprising that such trifling mucous runnings should be deemed of so dire a nature by the very men who take into no account far more abundant discharges in females, attributing them constantly to leucorrhœa, and utero-vaginal catarrh?

Although direct contagion is really the most frequent cause of the disease of the eye, yet other instances occur in which it cannot be traced to the same origin. In those cases the patient is invariably one who is subject to catarrhal and rheumatic affections, and here *both* eyes are usually occupied by the inflammation. In fact, the genital gonorrhœa acts merely as a stimulus, which brings into action the rheumatic or catarrhal predisposition, and may, with equal facility, bring on arthritis or ophthalmia, without being in the least a specific agent.

As to the much debated question of metastasis or repercussion, I must say I have never seen the urethritis stop suddenly, and the ophthalmia afterwards appear; but, in accordance with the known laws of revulsion, the urethral inflammation gives way after the manifestations of ophthalmia, and in proportion to the gradual increase of the ocular symptoms.

Gonorrhœal ophthalmia, generally depending on contagion, as I have stated, affects one eye only; whereas the other form, due to a catarrhal habit, invades both. But it is far from uncommon to see the contagious variety pass from one eye to the other, and mostly from the secretion of the diseased eye running into the healthy one, over the bridge of the nose, from the circumstance of its lowness, and also the position which such patients assume—viz., lateral decubitus on the healthy side. Sympathy may also cause the inflammation of the second eye, in which case it is less severely affected. It is not, by any means, proved that one eye is more subject to the disease than the other.

Symptoms.—The inflammation may be partial or general. It usually begins on the lower lid, or the inferior half of the mucous covering of the eye-ball. Injection of the large conjunctival vessels, a certain degree of dryness and heat, are the incipient symptoms. The tears, hot and burning, occasionally excoriate the cheek. The follicles of the lids or ocular conjunctiva may participate in the disease, and the tumefaction of the membrane appears uneven and granular; though I must say I consider it is carrying exaggeration much too far to compare these small granulations to peas. Very shortly muco-pus is secreted. Fever may be absent throughout the malady, but I have seen it intense, and attended with obstinate vomiting. If I may trust my own experience, I am inclined to believe fever less common in gonorrhœal ophthalmia produced by direct contact of blenorrhagic matter with the eye, than in that form which is more specially influenced by a catarrhal habit.

Some cases are accompanied with very little pain. In most, however, the sense of a foreign body incarcerated within the cyelids, heat of the eye, increased irritability to light, rapidly acquire a high degree of intensity, and the morbid secretion soon becomes analogous to that of urethritis and of other catarrhal inflammations.

The submucous cellular tissue soon becomes œdematous, and chemosis occurs. The upper eyelid, containing more lax cellular tissue than the inferior, is rapidly distended and covers it up, occasionally turning in the lashes so as to produce trichiasis—a dangerous complication, particularly in infants. The eye may then be truly compared to an abscess, the secretion of which is imprisoned between the lids and the eyeball, by the spasmodic contraction of the orbicularis palpebrarum. Instead of œdema, pus may be infiltrated under the conjunctiva. The swelling of the lids is less considerable, and extroversion of the lower lid now and then observed. Phlegmonous chemosis surrounds the cornea, and binds it in an iron-like frame, so as to produce its mortification from pressure.

Abscess of the lids is far from being uncommon. The inflammation may extend deeper; and the cornea, changing its natural color for a grey, opaline yellow, or brownish hue, becomes softened and perforated. The iris may partake in the malady, or the totality of the eye be destroyed by universal suppuration. Again, the eye may be lost by passive mortification of the cornea, or by ulceration of its surface, which have nothing whatever in common with syphilitic sores. When the disease is influenced by a catarrho-rheumatic habit, it is not rare to meet with an increase in the secretion of aqueous humor and consequent hydrophthalmia. Erysipelas of the face is also a frequent complication.

Gonorrhœal ophthalmia may terminate in detrescence, resolution, or loss of the eye. Some years since this was the usual fatal termination of the disease, so much so that during the four years I was attached to Dupuytren's wards as *interne*, I do not recollect one solitary instance in which the organ of vision was not scarified. The progress of the disease is very rapid. Sometimes in one, two, or three days it has arrived at a fatal close; this should be well borne in mind, when treating such cases, so as not to lose an instant in useless theoretical debate, or in timid hesitation, but to resort immediately to the most energetic measures likely to arrest the pernicious tendencies of the malady.

Diagnosis.—The violence of the inflammation has in itself nothing peculiar to this form of ophthalmia. Neither do I attach to the presence of granulations any particular value. They may be found in simple inflammations of the eye. As to the color of that organ, compared by authors to brick-dust, ham, cinnabar, &c., it is utterly incapable of giving any positive information of the nature of the case. The quality and color of the muco-purulent discharge is not more characteristic than its smell.

One circumstance alone, although it does not afford incontrovertible evidence of the gonorrhœal nature of the ophthalmia, must be taken into very serious consideration. I allude to the pre-existence or co-existence of urethral gonorrhœa. Recollect besides, Gentlemen, that it is far safer to take simple ophthalmia for gonorrhœal inflammation of the eye, than to commit the contrary mistake. Guide yourselves, therefore, upon this principle, otherwise you may happen to discover your error when it is too late to retrieve it.

The Prognosis was formerly very unfavorable. The results of modern practice are less sad; for twelve years I have met with a vast number of cases, and in one only have I been unsuccessful in saving the eye, and this was merely due—I make the acknowledgment to show you the dangers of hesitation in this most rapid of diseases—this was merely due to a momentary doubt on the nature of the ophthalmia, at its incipient stage, when I was weak enough to delay the energetic measures which might have preserved the eye, and which did eventually save the second eye from destruction. Cases of contagion are more severe than the catarrho-rheumatic form. The prognosis must be very guarded in children, and more so again when the physician's advice is sought for at an advanced period of the disease.

Treatment.—Antiphlogistic treatment alone is insufficient, whatever be the degree of vigor with which it may be handled. Revulsives, baths, blisters, setons, are useful assistants, but cannot constitute a method of treatment applicable to all cases or all periods. Mercury I have no reliance on. Copaiva and cubebs are worse than useless, and irritation of the urethra to induce the return of the discharge I characterise as a dangerous absurdity.

Prophylaxis.—Every patient affected with gonorrhœa must be forwarned of the danger attending contact of the purulent matter with the eye, and the strictest attention to cleanliness recommended. Sleeping in the same bed with a person affected with gonorrhœal ophthalmia must be prohibited. I have observed a case in which contagion was due to pillows stained by the muco-purulent secretion of the eye of another person. As to the repercussion of urethral gonorrhœa, far from fearing it, it is my wish to establish as a principle that the sooner the genital gonorrhœa is arrested, the less will the patient be exposed to gonorrhœal ophthalmia. This you will soon be convinced of, if you reflect that it is never during the first days of the existence of urethritis that ophthalmia supervenes. Here, therefore, is an additional reason for the application, as often as possible, of the abortive treatment to urethritis.

Therapeutic Treatment.—I will begin this part of my subject with what I conceive to be the most important portion of the treatment, without, however, any disparagement of the other methods, which certainly yield very powerful assistance, and which should, therefore, not by any means be neglected. The diseased parts of the eye must be touched with lunar caustic. The nitrate of silver may be used in solution, in powder, or in a solid pencil. The solution is undoubtedly the easiest of applications. I occasionally use it in the following proportions:—

Nitrate of silver, half a drachm;
Distilled water, two drachms.

It is open to this objection, that its action is not limited to the diseased parts, but extends likewise to those which have remained healthy. In infants or refractory adults it is, however, a great resource.

The powder can only be applied in a very unequal manner. I confine its use almost altogether to ulcers of the cornea.

To both, I prefer by far the solid pencil. The inferior lid is first turned down, and the pencil carried lightly over it, so as to whiten its surface; for the upper eyelid the same operation is repeated, and such spots of the ocular conjunctiva as happen to be affected must also be touched, but never the cornea. To protect its transparency oil has been recommended, but this liquid, running over the other parts of the eye, prevents the proper application of the caustic. An injection of water is made immediately after, so as to wash away those portions of nitrate of silver which have remained uncombined. After a first application, should the swelling and pain not be diminished, and the secretions not become thinner, more sanious, and less abundant, a second cauterisation must be made, and this four, five, or six hours after the first. It should be renewed a third, and even a fourth time, at twenty-four hours interval, until diminution of the symptoms is observed.

Œdema of the conjunctiva, producing moderate chemosis, may be left to itself, but, if considerable, the late Professor Sanson's advice should be attended to, and the chemosis excised—an operation which should follow, and not precede, cauterisation, in order that the action of the lunar caustic be not interfered with by hæmorrhage.

As to purulent chemosis, I recommend, with Scarpa, free scarification of the phlegmonous swelling.

Although I give unbounded praise to nitrate of silver in all stages of this disease, yet I would not have you believe that I rest upon it exclusively. I derive most powerful assistance from blood-letting, abundant and repeated, both with the lancet and with leeches to the temples, and in the course of the jugular vein, frequent lotions of the eye with a decoction of poppy heads (tepid), neutral salts, as revulsives on the intestinal tube, foot baths, the elevated position of the head, and frictions around the orbit, and in the nares on the affected side, with extract of belladonna, the best sedative in affections of the eye. M. Suhel combines extract of belladonna with an equal quantity of the strong mercurial ointment, and obtains excellent results. Blisters and setons may be advantageously employed after the acute period has gone by. Lastly, I would recommend promptitude and decision in the application of this treatment; it has never failed me but once in the course of many years' practice, and that was the case I have mentioned to you, in which the deceptive mildness of the symptoms was the cause of a fatal hesitation.

ON

ISOLATED OSSIFICATION,

AS CONSISTENT WITH THE VIEW THAT BONE ONLY PRODUCES BONE.

By T. Wilkinson King.

In an account of the mode in which fracture is repaired, I have objected to the opinion that isolated commencements of ossification are commonly concerned in the reunion, and my objection has been complained of by some critics, though more in reference to words than philosophy. My chief reason, however, for throwing together the following observations, is the wish to confirm and extend as well as facilitate the conclusions I have formerly advanced.

Speaking of independent ossification, I stated*—"Every museum contains the alleged proofs of these facts; but I may safely ask—where is the collection in which we may find a series of specimens to establish the spontaneous and independent commencement of bony callus—the successive stages of irregular or accidental callus? The formation of all bones, by initiative points of ossification, follows peculiar laws, and it is not impossible that the same laws are to be seen in operation in other instances, but the ordinary rule of repairing fracture is parallel to the growth, and not to the commencement of bone; it is *bone upon bone* wherever increased nutrition or inflammation is excited."

The reviewer in the "Medico-Chirurgical Review" has objected to this, and I may admit that the challenge was not offered without a conviction that it was unanswerable, nor without some confidence that there remained more to be said on my own side of the question.

It is my intention to advert to a variety of little facts in physiology and pathology which explain the occasional appearance of new and detached points of ossification, and the first that I offer is in a manner a pattern of the whole. Cheselden has depicted on the authority of Nicol, an ingenious physician of his own time, the margin of a fœtal os frontis in which the bony radiations are bounded by numerous little isolated ossifications. Now the question is, whether these rough points arose in the energy of growth from original centres, or whether the modelling process of absorption, everywhere in progress at this time, may not have divided the radii, and have left these points to proceed for awhile as independent bones.

I admit that the reply must be doubtful, but I shall assume for the present that the latter explanation is the correct one. The appearance described is probably rare. The existence of ossa triquetra, or wormian bones, is probably explained by Dr. Nicol's fact. These supernumeraries are sometimes excessive in the expanded skulls of old and settled hydrocephalus. In severer forms of hydrocephalus we find a curious process causing the isolation of bony spots; for the unequal form of the skull renders certain parts of it most of all subject to the internal pressure, and these may lose all traces of bone, and may be found entirely membranous. Absorption may thus divide the calvarium into countless misshapen parts, and still it is apparent that ossification is either not arrested, or that it is renewed at intervals to a very considerable extent. It is still more a support to my first assumption, that in young examples of hydrocephalus the radiating margins of the flat bones are to be found peculiarly expanded and attenuated, and presenting every variety of little bones between a single divided radiation and massive ossa triquetra.

An ossification in the falx major is, I conclude, of the nature of true bone, and an example of energetic development of bone, as pisiform bones in unusual situations (the back of the hand, &c.), and the ossification of soft union following divided tendon, or that in the stylo-hyoid ligament, &c.

A very prominent mesian spine within the os frontis is sometimes met with, and it is remarkable that all the varieties of bone in the falx are of limited extent, which also distinguishes them from exostosis and active disease. They may even have begun an union with frontal radii.

It is, I think, common enough to find a sudden periostitis, with fluid effusion separating the bone and its covering to a considerable extent, leading to necrosis. Now, all around this severe disorganisation, a more limited degree of inflammation may have deposited a circle of bone (upon bone) beneath the periosteum. But, perhaps, in the centre of the detached periosteum there may be a patch of isolated ossification, the cause of which it may seem difficult to explain; but if, on further examination, the patch be found to correspond to a solitary worm-eaten spot on the surface of the denuded bone, might we not suppose that ulceration had detached a scale of old or new, which, by adhering to the periosteum, continued to form a nidus of ossific deposit. This explanation may safely admit of a farther refinement, for we may readily conceive the abrupt separation of periosteum with incipient ossifications in a similar manner.

Something similar to this last effect may be met with after amputation. A new shell grows rather unequally around the cut end of the bone, and a little tubular necrosis of old bone takes place within. Ulceration separates the dead bone from the living, and, at the same time, perhaps the excessive new ossification begins to waste, and absorption may detach two or three of its knobs from the shaft, although their nutrition is still in part kept up by their own periosteal envelopes.

I have described the lamellar and needle-like radii of some bony fungi in the history of callus before referred to. I am quite aware that these ossifications are not invariably found attached to the original bone, but my opinion is that when they are detached the result is produced by the lateral pressure of soft growth causing absorption and division of the needles, while ossification may still proceed at their summits.

The ivory exostosis of the face, which ultimately sloughs away, I think I have seen beginning by a narrow peduncle of bone which connects it to primary bone, and I see no reason to deny that the knob, being detached, partial concentric layers of bone may be deposited for a time. It is not, perhaps, sur-

The Cyclopædia of Surgery, part xi, p. 209.

prising that a solid, as dense as a tusk, should act as a foreign body.

I have also stated that the independent earthy formation which may occur in fungus in all situations is distinct from bone; perhaps I should say this is generally true, and I would admit that the dried section of a bone, softened and expanded by cancerous growths, with various fragments of original and secondary bone, and of specific ossification, or rather earthy infiltration, may lead to no small difficulty in the mind of even an experienced anatomist, but I cannot doubt that in this, and many other cases, the elucidation is in the main dependant on the reflections I have set down.

36, Bedford-square.

ON THE MEANS OF
DETERMINING THE RELATIVE POSITION
OF THE
THORACIC AND ABDOMINAL VISCERA.

By Mr. Sibson.

At the late anniversary meeting of the Provincial Medical and Surgical Association held at Leeds, Mr. Sibson stated, that in 1836, when examining patients with chest affections, he felt his knowledge of the relative position of the thoracic and abdominal viscera was imperfect and confused. To remedy this, he took outline sketches of the viscera from most of the bodies that were dissected in the General Hospital, near Nottingham, at first by the eye, afterwards by the aid of a frame. After some time, Dr. Hodgkin, of London, suggested to Mr. Sibson a very valuable plan, facilitating and rendering more accurate the diagrams. This consisted in placing a frame, over which a piece of net or lace was stretched, above the body the organs of which were to be sketched, and by tracing with chalk the outline of each organ as seen through the gauze. Mr. Sibson then proceeded to give a rapid sketch of the general results obtained by the carrying out of this plan.

The apex of each lung ascends above the clavicle from one to two inches. This is an important practical fact, as by examination of this region tubercles may be detected in their early stage, and long before they have extended to that part of the lung below the clavicle. The inner line of the right lung is behind the the sternum for its whole length, whereas that of the centre of left lung diverges obliquely outwards and downwards opposite to the fourth costal cartilage. The lower edge of the right lung is generally behind the sixth costal cartilage; that of the left lung is about a rib's breadth lower. The upper margin of the liver, from the dulness of that organ, forms an admirable means for distinguishing the lower border of the resonant right lung. The hollow resonance of the stomach in contrast with the diffused resonance of the lung enables the lower border of the left lung to be defined with equal facility.

In emphysema the chest is constantly in the state of a very deep inspiration; the lower margin of the lung descends several ribs' breadths below its usual seat; at the same time the diaphragm draws down the lungs; it, in a like manner and extent, draws down the heart. The dilatation of the structure of the lungs is due not to frequent coughing, but to constant efforts, by extreme inflation of the lungs, to relieve dyspnœa, the structure of the lungs being in this manner overstretched.

In pneumonia, pleuritis, and general tuberculous infiltration of the whole lung, the affected organ is greatly enlarged, the lower margin descends considerably below its normal position, and the walls of the chest on the diseased side are much more expanded than on the healthy one, but the healthy lung expands more than the diseased one on a deep inspiration. In phthisis affecting the summit of the lung, the mass of the lungs does not appear to be much affected in size. In the consolidation and contraction of lung following pleuritis, the whole structure is diminished and the lower margins are raised, their previous position being occupied by the abdominal viscera.

On artificially distending the pericardial sac, it assumes the form of an oblate spheroid, on the top of which is placed a smaller hemisphere, which surrounds the great vessels. In pericarditis with effusion, the sac assumes the same form and displaces the lungs to a considerable extent at the upper part of the sternum; it likewise causes the central tendon of the diaphragm to protrude to a great extent into the abdomen, displacing the liver and stomach. In disease of the heart with enlargement, the lungs are displaced to an extent proportionate to the enlargement, but not at the upper part of the sternum; the liver and stomach, the whole diaphragm, and consequently the basis of both lungs, are considerably lower than in the normal state.

In enlargement of the liver, the free play of the lungs and heart is interfered with if the patient lies on the left side, the weight of the liver falling upon the heart interferes with its action, and causes palpitation. In persons affected with ovarian dropsy or ascites, the abdominal viscera, and consequently the diaphragm, are pushed abnormally upwards, and the lower borders of the lungs and heart are unnaturally high.

The same state obtains, but to a more extreme degree, when the stomach or intestines are over distended as in dyspepsia, this state inducing palpitation; or in peritonitis, where the enormous distension often seriously interferes with the action of the heart and lungs. In empyema and in extensive pleuritic effusion the diaphragm is more lowered and the abdominal viscera are more displaced than in any other disease of the lungs.

TREATMENT OF CROUP.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—If you think the following brief remarks worthy of notice, I shall feel obliged by your inserting them in an early number of your valuable Journal. They refer to a mode of treatment in a very formidable disease, croup, which I have not yet seen noticed by others; and although the introduction of a new remedy, generally speaking, requires much care and consideration, I am disposed to imagine that an additional agent of only *possible* utility in so fatal a disease, will claim the attention of the members of our profession.

M. L., a little girl, five years old, previously quite strong and healthy, was attacked with difficulty of breathing, accompanied with mucous rattle and fever, which, from being neither severe nor constant, excited no alarm, as there were many children affected with a mild bronchitis about the same time who recovered without trouble. A day or two after, she became worse, and was seen on the 16th of February, 1843, and ordered to take some powders with calomel and antimony three times a-day. In the evening I saw her, and found her laboring under dyspnœa and a suspicious cough; but as I was told the child was certainly better than she had been during the morning, with less fever and less cough, I thought a blister and diaphoretic mixture might suffice to relieve her. She continued her medicine until the 18th, on the evening of which day she had become much worse, and when I arrived she was suffering from croup in its worst stage. I learned that at times during the preceding twenty-four hours, she had experienced very bad fits of coughing and dyspnœa, had been extremely restless and feverish, and complained of pain in the throat; her voice was now but a whisper, her countenance exceedingly anxious and of a blueish color, as were also her hands; the pulse very rapid and of little power; the skin covered with cold perspiration; she had expectorated shreds of false membrane, and I feared she must necessarily soon fall a sacrifice to the disease. I immediately ordered a warm bath, a powder every two hours containing

Calomel, one grain;
Cinnamon, one grain;
Tartar emetic, one third of a grain;

and with each, a teaspoonful of the following mixture:—

Solution of acetate of ammonia, half an ounce;
Oxymel of squills, six drachms;
Ipecacuanha wine, two drachms;

and painted the skin covering the whole of the front of the larynx and trachæa with a strong tincture of iodine.

On the following day there was a slight amendment in the symptoms; and as the medicine made her very sick, the antimonial powder was substituted for the tartar emetic, and the powders given every three hours. Iodine applied twice.

20. Breathing less difficult; bowels relieved but not purged. Continue the powder every third hour. Iodine applied twice.

Spirit of nitrous æther, one drachm;
Tincture of hyosciamus, half a drachm;
Antimonial wine, one drachm;
Solution of acetate of potass, two drachms;
Oxymel of squills, one ounce. A drachm every three hours.

21. In all respects better. Mixture and powders continued every three hours. Iodine applied once. Slight salivation.

25. Convalescent. Same medicine taken at longer intervals.

26. Cured.

J. D., aged one year and a half, after a day's indisposition, was attacked on the evening of the 30th of June with great difficulty of breathing, noisy cough, and fever. My assistant saw the child next morning, and reported it as being very ill with croup. Ipecacuanha wine one drachm, every hour, to produce vomiting. Calomel and antimony powders every two hours. A blister to the chest. In the evening (July 1) I saw the child. The croup was severe and well marked; the child could not suck; countenance puffed and anxious; had been sick several times. I painted the front of the neck with tincture of iodine. Ordered a warm bath and continued the powders.

July 2. Breathes much better, and is able to take the breast. Powders continued. Applied the iodine again.

3. This morning the child is well, with the exception of a slight cough.

5. Cured.

In reflecting upon the two cases whose history I have given, the interesting question is, what share had the local application of tincture of iodine in bringing about the recovery of the patients? Certain it is that the first recovered under most unpromising circumstances, such as would in most instances produce a fatal result; the total loss of voice, the difficult respiration, the arterialisation of the blood shown by the livid color up the face and extremities, the anxious countenance, rapid pulse, extreme exhaustion, and the expectoration of shreds of false membrane, rendered the prognosis most unfavorable. I thought it a hopeless case; and having seen the most energetic treatment by warm bath, bleeding, and calomel fail in such an advanced stage of the disease, I was impressed with the belief that in this instance the iodine retarded the progress of the inflammation so as to allow time for the calomel (which was given freely) to affect the system, and produce the absorption of the effused lymph. In the second case the symptoms were also severe, although the disease was not so far advanced. I applied the iodine in the same manner as before, as soon as I saw the patient; it was repeated two or three times; the child took an emetic, had a warm bath, and not more than about five grains of calomel with antimonial powder, and recovered in a remarkably short time.

I recommend to the profession the adoption of this mode of treatment, in order to ascertain what degree of value attaches to it. The application of the iodine produces no pain, no vesication, no inflammation of the skin; it interferes with no other method of treatment; and if it be really beneficial, it may be the means of rescuing many innocent lives from an untimely grave.

The formula for the tincture of iodine above referred to is as follows:—

Iodine, half a drachm;
Hydriodate of potass, ten grains;
Rectified spirit, one ounce. Mix.

I beg to remain, Gentlemen,
Your obedient servant,
Cottishall, near Norwich, E. Copeman.
July 26, 1843.

FERRUGINOUS FOOD.

Under this name, M. Colmel, a Parisian pharmaceutist, has introduced a new mode of administering iron. His method consists in adding to the iron the usual ingredients for forming chocolate paste, and thus produces a ferruginous compound, by which the taste of the metal is concealed.—*Gazette des Hopitaux.*

TWO CASES OF MORBUS CORDIS,

IN WHICH DISEASE OF THE BICUSPID VALVE WAS NOT INDICATED BY ANY ABNORMAL SOUND.

Case I.—Anne House, a woman of congested appearance, and of ordinary muscular development; her previous general health had been good, and her habits temperate; she had never suffered from rheumatic affection. About twelve months since (whilst pregnant) she first became the subject of palpitations of the heart, aggravated by exertion. She then began to suffer from cough, attended with the expectoration of mucus, occasionally tinged by blood, and ascites followed. Her present symptoms are frequent cough, with bloody expectoration; palpitations of the heart, with pain in its region; frequent dyspnœa; her abdomen is distended by fluid; urine scanty, high colored, and albuminous.

Nov. 23. She died this day. The heart, often examined, afforded the following physical signs:—Heart's action irregular, occasionally powerful, and often intermitting, its sounds being quite unaccompanied by any abnormal sound; pulse 130, weak, intermitting, and very irregular in volume.

Sectio Cadaveris Sixteen Hours after Death.

The pericardium contained about four ounces of serum, without any adhesions.

The heart was somewhat enlarged, the right ventricle rather large, its parietes not at all thickened; the carneæ columnæ of the tricuspid valve were rather firmer than usual; the curtains were much contracted and thickened; its edges were hard, but free from cartilaginous deposit. The left auricle and ventricle were rather enlarged; the carneæ columnæ of the mitral valve were rounded and thickened; its curtains were also much contracted and thickened, forming a complete bony ring; the semilunar valves of the pulmonary artery healthy, but those of the aorta were possessed of a few slight vegetations.

The left pleural cavity contained about one ounce of serum, as also the left; the lungs were much compressed; injection of the bronchial tubes; much effusion into the abdominal cavity.

Case II.—Maria Knight; her occupation has been that of a charwoman, and her habits as temperate as those of her class. Her previous health has been good. On admission, the symptoms present were ascites, with considerable enlargement of the liver, its acute edge being easily felt about two inches below the margins of the ribs. She labored under much dyspnœa, occasioned both by bronchial obstruction and palpitations of the heart; pulse feeble, irregular, and intermitting; heart's action disturbed, its sounds quite unaccompanied by any *bruit*. After remaining in the house a few weeks her pulse ceased to intermit, but remained permanently irregular, the stethescopic indications being unaltered. She became the subject of a second attack of pulmonary obstruction, of which she died.

Sectio Cadaveris.

The heart was much enlarged, firm, and blunt at the apex. The left ventricle had its muscular wall thickened and more firm; its cavity was also much enlarged. The carneæ columnæ of the mitral valve were thickened, and appeared of a rounded form, whilst the curtain itself was of nearly double its natural thickness, and much more opaque. The valves and lining membrane of the aorta were but very slightly thickened. The right auricle of the heart was considerably distended by coagulum; its cavity was much more capacious, although its muscular wall was pretty natural. The carneæ columnæ of the tricuspid valve appeared thicker and more fleshy, and the curtain slightly opaque. The semilunar valves of the pulmonary artery were pretty healthy.

There was effusion into the chest and abdomen.

The lungs were œdematous, and rounded by emphysema.

REMARKS.

In the first of the preceding cases the mitral valve was in a very advanced stage of disease, so much so, indeed, as to interfere with, and rendered most imperfect, the performance of its function. No *bruit* was, however, present. The second case very well illustrates the incipient form of disease, in which the valve, although thickened and with shortened columns, was yet capable of performing its office. This condition was also unaccompanied by any abnormal sound. It is still a *vexata quæstio* amongst authorities of the present day whether disease of the bicuspid valve can give rise to the production of a *bruit*. The great majority of opinions favor its existence, and attach importance to it as a diagnostic sign. The present cases, with some others that might be adduced, oppose this view, and are more particularly valuable as demonstrating the non-existence of the *bruit* in the more early, as well as in the most advanced, stage of disease.

CASE OF DIFFICULT PARTURITION—TWINS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen, — Some years ago I read in the "Medico-Chirurgical Review (No. 2, Sept., 1824)," an account of "Mr. Allen's Rare Case," as originally stated in the Medico-Chirurgical Transactions. Since then I have had a case very similar in the presentation of both the children. My patient was a married woman, twenty-two years old: her first labor. See lived at Burlington, about three miles from my house. Soon after I saw her the liquor amnii escaped, and the feet of a child presented, which, with the body and arms, were brought down; but in trying to get my fore finger into the mouth of the child, I found the apex of a head in the pelvis, preventing any further delivery; so far, not doubting but it must be the head of another child, I applied the forceps, and by gradual traction a healthy child was born, *without laceration* of the perineum, when instantly the head of the first presenting child followed. Both were alive—small children, and boys. They appeared to do well for a fortnight, when one died suddenly; the other is, I believe, now alive. The woman very soon recovered.

Had I been assured the children were dead I should have acted in a similar way, as, by using the forceps, if the head had separated, there would have been room for the head of the *first* child to be delivered by such means as appeared best, or expelled; and then the body of the second child could be readily expelled by natural pains, or brought away by turning.

Of course, under such circumstances, great anxiety must be felt to get the head or heads delivered, as there always was a difficulty, if not an impossibility, of adapting a head left in the uterus to the form of the pelvis.

I remain, Gentlemen,
Yours respectfully,
JOHN FLETCHER, M.R.C.S.L.
Sheffield, August, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, AUGUST 12, 1843.

The advantages resulting from combination of efforts are at this day so well appreciated, that it needs no labored argument to point them out. The utility also of societies and associations, for specific objects, has long been felt, and various institutions for the promotion and cultivation of general science, or the advancement of particular branches of scientific inquiry, of the arts, and of the social, political, and religious relations of mankind, have from time to time sprung up. Most of these, however, were, until of late years, confined in their operations, and, from the difficulties of communication, for the most part limited in their extent. The facilities afforded by the ready means of intercourse, now available almost throughout the country, have greatly altered the character of such institutions and associations, which, not many years back, were either confined to metropolitan and some few of the large manufacturing towns, and consequently regarded only the interests of the places whence they derived their origin, and to which they were necessarily confined, or otherwise were of such limited extent as to be possessed neither of influence nor extended utility, are now formed, to embrace within their sphere of operation nearly the whole country, and become invested with national importance.

The most striking instance of the change in the character of institutions of this kind is, perhaps, that afforded by the Provincial Medical and Surgical Association. Established eleven years ago, in one of the county towns of the Midland district, which, though central in its situation, and otherwise favorably circumstanced, can by no means vie, either in numerical extent of population or in wealth and importance, with the capitals of the manufacturing and commercial districts, this Association has steadily progressed, until it numbers upwards of 1600 members from every part of the kingdom, and includes among these many—we believe we may say a large majority—of the most distinguished medical practitioners of which the provinces can boast. The general meetings of this society have now been held successively at Worcester, Bristol, Birmingham, Oxford, Manchester, Cheltenham, Bath, Liverpool, Southampton, York, Exeter, and Leeds, and the expression of opinion upon the several objects contemplated by the Association, elicited at each of these meetings, must be held to represent the views of the medical profession resident in these populous and important localities, and the country around them. The moral force of the Association is not merely derived, therefore, from the numerical amount of its members, but must be estimated also by the extent of country over which its operations are felt; and the opinions and influences of 1600 practitioners, scattered throughout the whole country, yet united into one large and effective body, are far more worthy of attention, and ought to have much greater weight, than were they merely expressive of the views of an equal number congregated into one place, or presided over by a small self-elected governing body, which never does, and never can, come into contact with the great mass of those who are subjected, for the most part unwillingly, to its rule.

A distinguishing feature of the proceedings of the Provincial Association, from its very commencement, is the explicit and clear enunciation of its principles, and the moderation and justice of its requirements. In no one instance has the Association had to retrace its steps. The resolutions of one meeting, while they have been consistent with those of the meeting which has preceded it, have been, in like manner confirmed and extended by that which has followed; and though time and experience have had their customary effect in the elucidation of truth, and in clearing up doubts, and removing the obscurities which, in the first instance, beset the difficult and important questions which have from time to time engaged attention, still in no instance has it been found necessary to depart from principles laid down and adopted at the public meetings, or to call in question the proceedings of the general council founded thereupon.

This fact is, perhaps, without parallel in the history of any like constituted assembly, whether scientific, social, political, or religious, and ought strongly to dispose those in power to listen with respect to any application coming from such a body of men. It betokens no ordinary judgment in those who have taken the lead in the management of the affairs of the society, whether in the council or at the general meetings, and a degree of moderation and intelligence in the members at large highly creditable to the medical profession, and which we might look for in vain, under similar circumstances, in the recorded proceedings of any other class of the community.

Let us take, for instance, the subject of medical reform, confessedly the most difficult with which the

Association has had to deal, and upon which, when first it came under discussion, the majority of medical men were in entire ignorance, or possessed no definite views. Amidst a mass of vague and unprofitable speculation, varied only by the occasional announcement of some impracticable scheme, the Association steadily proceeded in its object, laying down those principles at the first which are now almost universally received as the basis upon which any reform, to be effective and satisfactory, must be grounded, and from year to year clearing away the extraneous matters with which they had been invested, and reducing them to the explicit and clearly defined positions contended for, in the recent memorials addressed to her Majesty's government.

In like manner the subject of medical relief, under the Poor-law Act, has from time to time come before the general meetings, and been subjected to a similar process of sifting inquiry; and nearly, if not all, the modifications introduced into the working of that act, which have any practically beneficial bearing in facilitating the administration of this relief, have resulted from the labors and representations of the highly intelligent and zealous committee appointed by this Association. The Association may have failed in making that impression on the government which, from the justice and moderation of its claims, it had a right to expect; but we maintain that the truth of the position which we have assumed is only herein made the more manifest, since, in the very measure in which these claims have been acceded to, has the working of the act been improved, and, in proportion as they have been disregarded or refused, are there new calls for amendment made upon the legislature, not so much by the medical profession as by the intelligent portion of the community at large.

What has thus resulted from the imperfect attempt at amendment of their proceedings by the poor-law authorities will also result in the case of any new medical arrangement, if the just and moderate claims of nearly the whole medical profession resident in the provinces, as advocated by the Provincial Association, be not conceded. To attempt to continue the system of exclusion, misrule, and anarchy, which at present reigns paramount in every department, by extension of the powers, unaccompanied by searching and efficient reform of the existing corporations, can only protract the struggle, and those ancient institutions, instead of being renovated by the infusion into them of the strength of the provinces, as might now be the case, will become overwhelmed under the growing mass of their own corruptions. The reforms sought by the Provincial Association are moderate and just, such only as are imperatively called for by the exigencies of the public service, and in strict accordance with the institutions of the existing times. Equal and sufficient primary qualification, equal right practise for all so qualified in every part of the kingdom and its dependencies, and the adoption of an efficient and genuine system of representation in the formation of the councils or governing bodies, are principles of reform the carrying out of which is equally necessary for the welfare of the community and required to place the members of a liberal and enlightened profession in possession of those rights and privileges which as such they are entitled to enjoy.

It is not, however, our purpose here to discuss the question of medical reform. The object for which we are now contending is the importance of the Provincial Association, while we are at the same time desirous of pointing out the many advantages resulting to the medical profession from the vast moral force and influence which this society has gradually acquired. These advantages are such as, rightly estimated and employed, must ultimately gain for medical practitioners in general that consideration from those in authority which at present they seem very unwilling to grant.

But independently of these general and public considerations, which alone should induce medical practitioners, and especially those residing in the provinces, to afford their assistance to the Association in carrying out the great objects which it has in view, there are other and individual advantages attached to the membership, rendering it a highly desirable privilege to belong to the Association. Certainly no society that we know of does so much for its members, or returns to them so large a portion of its funds. Through the instrumentality of its Transactions and its Journal, estimating these publications at their cost to the public, the members actually receive more than double the amount of their subscriptions, while at the same time a great mass of valuable information is called out and circulated throughout the extended sphere over which the operations of the Association are felt. It is only from the number of its members that the Association is enabled to effect so much, and we here allude to the subject in order that those who have not yet joined may be induced to enrol themselves in its ranks. The greater the increase in its numbers the more effect will the Association be enabled to give to its publications, and the greater influence will it exercise for the benefit of its associates and of the profession at large. Under no circumstance and at no period has the *vis unita* been more required than the present. From the cabinet down to the union board—with the governors of the country as well as with the rulers of a parish—it is only the form of combination which will avail in gaining for us even a hearing. But let the profession be true to itself, and in neither case can its voice fail to be heard, nor the granting of its just requirements long be withheld.

REVIEWS.

On the Mal d'Estomac, or Cachexia Africana, amongst the Negroes of Dominica. By JOHN IMRAY, M.D.

Dr. Imray, a young physician settled at Dominica, has published, in the "Edinburgh Medical and Surgical Journal," No. 155, an interesting account of the curious diseases called *mal d'estomac*, which at one time was extremely destructive amongst the black population of our West India colonies.*

From the talent and industry of Dr. John Imray, we anticipate much valuable information connected with the diseases peculiar to, or prevalent in, the West Indies; and we feel much pleasure in directing attention to this, one of the earliest of his contributions.

The *mal d'estomac* is a general derangement of the economy, characterised in a great many cases, but not in all, by a tendency to eat a certain species of clay, or dirt of various kinds, and hence the popular designation, "dirt-eating."

The *causes* of this affection are numerous; in the early period of our West Indian domination, when slaves were imported directly from Africa, the mental depression arising from absence from home, &c., was a frequent cause of the disorder; but Dr. Imray remarks, that "the Africans, imported from their own country, who were generally the subjects of the disease, have been almost entirely replaced by a native population.' This circumstance, connected "with the greatly ameliorated condition of the negro in a physical and moral point of view," has rendered the complaint infinitely less frequent than it formerly was. Amongst other exciting causes, Dr. Imray mentions superstition, moral impressions, and over-working, with imperfect food; the negroes on sugar estates are more subject to it. In many cases, however, it is difficult to assign any cause. Children are affected at as early an age as five or six; and Dr. Dors mentions that he has seen several cases in persons above eighty years of age. Dr. Dors also alludes to the presence of worms as a frequent cause.

The *symptoms* of *mal d'estomac* are variable, but may be classed under two heads—viz., those which indicate functional disorder and those depending on some organic lesion. Amongst the former may be enumerated change of temper and loss of spirits, dyspepsia, general debility, and depraved appetite for food. The substance usually preferred by the dirt eater is a soft clayey rock, having a spotted marly appearance and of a soapy taste; but any kind of dirt may be eaten, and on the other hand, as Dr. Dors observes, the disease may run through its course without any desire being evinced for the ingestion of unnatural food. In the first stage of the disease, then, we have simply derangement of the functions of digestion and assimilation. As it progresses, symptoms of organic lesion set in. The patient at first usually complains of a fixed pain over the stomach or in the cardiac region, with palpitation of the heart, shortness of breath, and muscular debility. The mucous linings of the mouth and lips present a peculiar exsanguineous appearance, by which alone the existence of the disease may often be determined. The perspiration is suppressed, and the glossy jet of the healthy skin is changed for a lighter shade. The disease may continue at this stage for a very uncertain length of time, until signs of effusion into some of the great cavities appear, and the patient dies. When the disease attacks women, it assumes many of the appearances of chlorosis.

The *pathological anatomy* of cachexia Africana is carefully given by Dr. Imray. In all the cases which he examined, "a pale and bloodless state of the mucous membrane of the stomach and intestinal canal was the constant and characteristic pathological change, the lining membrane being much softened at the same time; but this latter change was observed in long-protracted cases only. Occasionally ulceration, with scirrhous thickening, was found near the pylorus, and the 'mesenteric glands were frequently enlarged and diseased.'" The author has forgotten to state the nature of this diseased change in the glands, but it was probably scrofulous.

In connection with the cardiac symptoms observed during life, Dr. Imray notices a pathological appearance which has not been described by any other writer on the *mal d'estomac*. This consists in the presence of polypous or fibrinous tumors, occupying the cavities of the heart, sometimes as large as a hen's egg, covered with a smooth transparent membrane, and often extending into the large vessels. These concretions or coagula were observed in a majority of the cases examined by Dr. Imray, and to their presence he attributes the violent palpitations and hurry of the circulation which characterise the latter stages of the disease.

In the treatment of *mal d'estomac* our attention must be chiefly directed to the impaired condition of the digestive organs and the general debility of the patient. Hence, the indication for the employment of tonics, which Dr. Imray is in the habit of combining with antacids. The carbonate or sulphate of iron, or the muriated tincture, are the preparations usually selected. Dr. Imray also speaks favorably of the iodide of iron, whenever dropsy existed. The regulation and quality of the diet are likewise important indications, which should be carefully attended to.

In conclusion, Dr. Imray relates several cases of *mal d'estomac* illustrative of the various points discussed in his memoir.

ON A PECULIAR

MORBID AFFECTION OF THE STOMACH,

CHARACTERISED BY REGURGITATION OF ITS CONTENTS, WITHOUT NAUSEA.

The last number of the "Dublin Journal" contains an interesting paper on this subject by Sir Henry Marsh. The author first describes three processes, each very different from the others, by which the stomach is capable of expelling its contents; the first is that which enables the stomach, by the contraction of its muscular fibres, to propel its contents into the duodenum; the second is the act of vomiting—a convulsive movement by which the contents of the stomach are returned along the œsophagus, and rejected through the mouth—a movement which affects the whole frame, and is preceded by, and accompanied with nausea; the third is the act of regurgitation, whereby, without nausea, without convulsive effort, the contents of the stomach, gaseous, liquid, or solid, by a species of anti-peristaltic motion, are expelled.

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* Another memoir on the same subject, from the pen of Dr. J. L. Dors, of St. Thomas, will be found in the "Gazette Medicale de Paris," No. 19, 1838; but Dr. Imray's paper is much more complete and satisfactory.

The power of regurgitation serves many useful purposes; by it in many animals an important part of the process of digestion is effected, and by it the human stomach is often relieved of an oppressive load in the easiest and least distressing manner; but it sometimes becomes a morbid action, giving rise to a very peculiar and remarkable affection of the stomach.

In man the act of regurgitation is, in many instances, a normal one, and is the natural means employed to relieve the stomach when oppressed, distended, or overloaded. This is exemplified during infancy in the process usually termed by nurses " posseting," by which the superabundant portion of the milk, without sickness or distress of any kind, is disgorged, and only so much left as the stomach is capable of digesting. The utility of this easy method of discharging a portion of the contents of the stomach is thus in the infant clearly shown. At every age the advantage of this faculty is seen in the power it gives the stomach o expelling gases, which are either secreted by the vessels of that organ, or extricated during the progress of imperfect or impaired digestion. When a large quantity is extricated, and when it remains pent up in the stomach or intestines, it becomes a source of much distress, often of agonising pain, and great is the relief obtained when it is removed by regurgitation. It is a curious fact that the secretion and regurgitation of gas grow by degrees into a habit, and become even a source of pleasure and enjoyment to some individuals. Of this I have met with several remarkable examples in elderly people. I have also noted several cases of persons of the hysteric diathesis, in whom pressure at the epigastrium, or even over remote parts of the body, was immediately followed by gaseous eructations.

The salutary effects of regurgitation are manifested not only in enabling the stomach to relieve itself from distension, when gases are accumulated in it, but also in the removal from that organ of those morbid fluid secretions which characterise some forms of dyspepsia. These morbid secretions are readily removed by the act of regurgitation, and thus their irritating and injurious effects, if suffered to descend along the intestinal canal, are prevented. In cardialgia, the acid and acrid fluids, which during disordered digestion are secreted, are in this manner removed, and great temporary relief obtained. There is, however, no disease in which the relief thus procured is more distinctly apparent than in pyrosis or water-brash. The fluid secretion which constitutes pyrosis—sometimes resulting from living too exclusively on a particular kind of vegetable food, as happens in Scotland—sometimes resulting from a morbid action of the glands of the stomach, and not dependant upon any peculiarity in the food; and occasionally met with as one of the signs of organic disease of the stomach—is an affection of very frequent occurrence. The quantity of fluid secreted at one time often amounts to a quart; the secretion usually takes place when the stomach is empty, and though the fluid be often tasteless and colorless, and, as far as chemical analysis can detect, exempt from irritating ingredients, yet it is productive of much pain—a pain most speedily relieved by the expulsion of the fluid from the stomach; this is effected by the act of regurgitation.

The power of regurgitation is not confined to the rejection of gases extricated, or morbid fluids secreted, in the stomach; by its means solid matters—portions of the food—are frequently, without nausea, and without distress to the individual, propelled in a direction contrary to the natural one, and returned through the œsophagus into the mouth. Some few persons possess this faculty naturally; they regurgitate, remasticate, and again swallow their food, and become, in consequence, ruminating animals. In other instances it constitutes the distinct and peculiar disease which it is my purpose to describe.

I knew, many years ago, a remarkable example of rumination in a gentleman, who was a clerk in a bank; he enjoyed good health, lived at his desk, took but little exercise, and dined hurriedly, scarcely allowing himself time to masticate his food. Soon after dinner, portions of food, with little or no effort on his part, ascended into his mouth, were remasticated and again swallowed. In this manner, according to his own account, the whole of the food he had taken underwent this secondary process. It was a source of much enjoyment to him, and he prided himself upon the possession of this novel, but not very enviable, capability.

I was called upon, not long since, to see a boy about fourteen years of age, and was informed by his mother that after every meal he regularly vomited his food, and that in consequence he lost flesh, looked ill, and caused to his parents much anxiety. Upon examination, I found that there was no real derangement of the health, that his appetite was good, his bowels regular, and the expression of his countenance did not indicate serious disease. By minute inquiry I ascertained that he did not vomit his food, but that it ascended from the stomach in successive portions, without nausea, and without the least convulsive effort, and without any distress whatever to himself. I was present on one occasion whilst he was in the act of regurgitating his food; it was received into a basin; the morsels of meat successively returned had no acid taste, and did not appear to have been acted upon by the gastric juice. This occurred immediately after he had eaten plentifully and with an excellent appetite. The process of regurgitation was not preceded by any sense of distension or repletion; and whilst engaged in the act he talked and laughed as usual. He had acquired the habit, he could not tell how, since he had been sent to school, and it was quite obvious that he made use of it to induce his parents to remove him from school and to restore him to his horses, dogs, and gun. He was taken home, and there was a speedy termination of the supposed vomiting which had so much alarmed his parents.

Sometimes regurgitation of the food without nausea assumes the form of a very distressing and intractable disease, and has been so often confounded with vomiting, that I am quite sure the true nature of such cases has been generally overlooked. I have seen many instances of this affection which were undoubtedly of hysterical origin; of these I shall give briefly a case or two in illustration.

Some years ago, a very remarkable instance of this disease fell under my notice in a young woman, aged twenty-six, who, previously to her being affected with this stomach derangement, had suffered successively from almost every variety of hysteria to which the human frame is liable. She had been subject for months to intense headaches of a purely nervous character; on the cessation of these, she was attacked with daily, periodical convulsive paroxyms, resembling epilepsy, succeeded by obstinate and violent palpitations of the heart, which at one time were supposed to be indicative of organic disease; these gave place to cough of the most distressing and unyielding nature, the paroxysms of which recurred at precisely the same hour each day, and, preserving their periodic character, endured for many months. The cough was loud, ringing, and convulsive, most distressing to the hearers, less so to herself; the persistence of this cough excited serious alarm, as two sisters and a brother had died of tubercular consumption. No trace of morbid action was discoverable in the lungs; the pulse was not accelerated, nor was there any evidence of hectic fever. This cough continued, with very little variation, for upwards of twelve months, and then ceased abruptly. She remained in good health for several months, when, from grief and anxiety of mind, she was seized with nausea and vomiting to such an extent, that scarcely any food could be retained upon the stomach. After the lapse of about three weeks the nausea ceased, and the food, instead of being vomited, was regurgitated; few articles of food would remain upon her stomach, and those were by no means such as are usually deemed easiest of digestion. The regurgitation of her food, like all her previous symptoms, exhibited a periodic character; it was' preceded by an oppressive sense of fulness and weight at the epigastrium, and this feeling was removed by the ejection of the food. Whilst affected in this manner, the loss of flesh and strength, though considerable, was by no means commensurate with the amount of apparent disease. During the progress of her illness the spine was occasionally tender on pressure; this symptom was not always present; it was slight in degree, and varied much in position; it existed much more frequently on either side of the spinous processes than on the median line. A variety of treatment was employed; from some of the remedies adopted, the most strikingly beneficial effects resulted; the good, however, was transient; the remedy which was as first to useful, soon lost it controlling influence, and it became necessary to turn to other and different methods of endeavouring to subdue the obstinately persisting symptoms. The detraction of a very few ounces of blood by cupping over the stomach was on two several occasions singularly efficacious; when resorted to a third time it failed. Blisters applied simultaneously at the epigastrium and spine checked the symptoms so suddenly that the patient imagined herself perfectly cured; not so, however, the symptoms all recurred, the repetition of the same remedy was less efficacious, and ultimately it was perfectly inert. The symptoms were mitigated by small, and often repeated doses of morphine, and again by prussic acid and belladonna. The combination of creasote and morphine in pill appeared particularly useful. Bark, in the liquid form, was retained upon the stomach, and checked for a short time the urgency of the symptoms. Iron, whenever given, even in the minutest doses, produced violent throbbing headache; bismuth was substituted, but without any perceptibly beneficial effect. The last remedies employed were iced coffee, internally, and crude ice applied externally at the epigastrium; to the former she herself attributed her cure. The coffee was iced in the house by means of a freezing mixture; she took it in considerable quantity; it was always retained upon the stomach, and, whilst taking it, the symptoms gradually abated, until at length they ceased altogether. It may be well to remark that, during the progress of her illness, ices had been frequently given to her, but had always been rejected; they were, however, ices which had been prepared at the confectioners, and were loaded with saccharine matter. She is now, and has remained for upwards of two years, free from any disordered function of the stomach.

This peculiar affection of the stomach was strikingly exhibited in a case which not long since fell under my observation. The patient was a girl, between eleven and twelve years of age, stunted in growth, deformed in person, and resembling, in size and appearance, a child of not more than five years of age. I was called upon in haste to see her, and found her laboring under convulsions of the most formidable kind, the paroxysms being of an epileptic character, and recurring in such rapid succession that, for nearly twenty-four hours, during which the attack lasted, she had a violent paroxysm almost every hour. From this state, contrary to all expectation, she recovered; soon afterwards diarrhœa set in, and continued for several weeks, mitigated, but not permanently controlled by any treatment. The diarrhœa then ceased, and gave place to the daily regurgitation of a large proportion of the food swallowed; occasionally, however, the diarrhœa returned, and the regurgitation for the time ceased. The food was disgorged without unpleasant taste, without sickness, and without muscular effort. Notwithstanding this daily regurgitation, the child, when I last saw her, presented a more healthy aspect, had gained flesh, and appeared in improved health. I have seen several other well-marked instances of the same disease in young children, but in every instance connected with, and resulting from, innate constitutional delicacy, and coexisting with various disturbances of the nervous system and derangements of the digestive function. I have seen instances of it in conjunction with chorea. In many cases of hooping-cough the partial or total evacuation of the stomach, at the close of the paroxysm, is the result, not of the act of vomiting, but of the act of regurgitation, and in such cases, so little is there of sickness or distress connected with the expulsion of the food from the stomach, that we often find the desire for food immediately to return, and children to eat greedily after having apparently vomited; but in many of those cases, if the manner in which the food is expelled be closely examined, it will be found that it is accomplished without the effort and the sickness which characterise the act of vomiting. This distinction is of some practical importance, because it stands opposed to a method of treatment which is sometimes adopted—that of treating hooping-cough principally by emetics. Doubtless, emetics are of use in the treatment of hooping-cough, and especially in such cases as are complicated with severe bronchitis. The frequent termination of the fit of coughing in the rejection of the contents of the stomach has given rise to the notion that the treatment by emetics is indicated; but if the manner in which the food is rejected be carefully examined, it will appear that the practice of treating hooping-cough by exciting nausea cannot, in many instances, be fairly deduced from any natural indication.

So far we have considered this peculiar disease in its connection with hysteria and other disturbances of the nervous system; we, however, frequently meet with it holding a prominent position amongst many symptoms which appertain to obstinate and protracted forms of dyspepsia. In the same individual the food is sometimes vomited, and sometimes regurgitated; the contents of the stomach are sometimes rejected *en masse*, without nausea or straining, and sometimes discharged morsel after morsel, till the whole of the contents of the stomach be disgorged. The food is in different individuals, and sometimes in the same individual, regurgitated at various stages of digestion, so that the ejected morsels present every variety of appearance and taste, from that which belongs to food just swallowed, until it be converted into perfect chyme, and mixed with the various morbid secretions which are found in a disordered stomach. Sometimes the act by which food and other matters in the stomach are propelled upwards, is accompanied with so much of nausea, and with so much of convulsive effort, as to give it rather the character of vomiting than of regurgitation, so that, in fact, it becomes not easy to distinguish the one act from the other. They run imperceptibly into each other, although, in extreme cases, no two acts in nature can be more distinct.

The treatment of the forms of disease described is peculiar and distinct. The affection, from being commonly confounded with vomiting, rarely being successfully healed. On this subject Sir Henry Marsh says —This affection, as has been already noticed, is, in many instances, one of the innumerable varieties of hysteria; this form of the disease I have met with more frequently than any other. It is oftentimes accompanied with tenderness on pressure on either side of the spine; sometimes it exists alone, but more frequently it co-exists with other hysterical and nervous symptoms. In many of these cases there is a sense of distension and oppression, antecedent to the regurgitation of the food, which is completely relieved by this act. It is usually the solid part of the food which is rejected, and only as much as is necessary to remove the sense of oppression. This form of the disease affects young females principally; it is an affection of the nerves of the stomach, and by no means a dangerous disease, though sometimes obstinately resistant of treatment. It is often preceded by other disturbances of the nervous system, such as intense headaches, and various forms of neuralgia; violent and long continued palpitations; spasmodic cough and dyspnœa; convulsive affections of the muscular system; nervous vomiting and diarrhœa; and seems to take their place and supplant them. In these cases of purely hysterical and neuralgic regurgitation, the treatment I have found most frequently beneficial, consists of small blisters applied simultaneously to the pit of the stomach and to the spine; this, in some few instances, has been at once and permanently effectual; more generally, however, its salutary effects are only temporary; small detractions of blood by cupping in both situations have in some instances been equally successful. Benefit has been derived from small, and often-repeated doses of hydrocyanic acid, belladonna, morphine, stramonium, and other narcotics. Tonics—such as iron, bark, and bismuth—have also occasionally been found useful; but no remedy has been so often successful, in this form of the disease, as a total change of habits, change of air and scene, and travelling. In one case electricity was completely effectual in curing the complaint; it failed in others. In another instance, a sudden and powerful mental emotion totally and permanently removed the disease.

I have generally found it useful to advise for the patient the recumbent position for an hour or more after each meal; to eat slowly, and to masticate well the food; to eat less than the appetite demands; and to be abstinent in the proportion of fluids, so as to avoid distension of the stomach.

In two instances of pregnancy, I have observed that the sympathetic disturbance of the stomach, which so frequently characterises that state, assumed this particular form; and much of the food taken in the early part of the day has been expelled, not by vomiting, but by regurgitation without nausea.

In not a few cases of tubercular disease of the lungs this peculiar affection of the stomach has co-existed.

The regurgitation of the food without nausea is sometimes one of the many symptoms which mark the existence of a very serious affection of the stomach. In such cases the food regurgitated is already partially and imperfectly digested; imparts to the mouth an acrid, bitter, or intensely acid taste, and is accompanied with the constitutional signs of materially impaired assimilation, such as loss of flesh and strength, pallid countenance, depressed spirits, mental misery, diminished muscular and intellectual capability, loaded tongue, loss of appetite, or craving and gnawing at the epigastrium, irregular bowels and morbid excretions, and disturbed and unrefreshing sleep.

This form of the disease is generally traceable to long continued mental anxieties—to over-thoughtful, studious, sedentary, and solitary habits—to the swallowing of food hastily without sufficient mastication and insalivation—to utter neglect of the two most excellent promoters of healthy digestion—cheerful society, and full, free, enjoyable muscular exercise.

In some cases it may be traced to excesses in sexual indulgences, and abuses of the sexual propensity. Finally, every violation of the laws of nature, which tends to break down the vital energies, is capable of giving rise to this affection of the stomach.

Of all the predisposing causes, that which is most frequently operative is the existence in the constitution of the strumous diathesis.

One of the most important duties of a physician is to trace morbid actions to their source, as thus, in many instances, the method of cure is at once indicated; and in no form of disease is this truth more strikingly illustrated than in that now under consideration.

CASE OF ABDOMINAL TUMOR.

CALCULI FELT IN THE GALL-BLADDER DURING LIFE.

Margaret Higgins, aged forty-six, a hawker by trade, married, and the mother of six children, admitted April 2. Her complexion and hair are dark; her body and limbs spare, though some years since she was robust. She ascribes the change in her appearance to insufficient nourishment. Has been subject to cough for two or three years during the winter. For two months past she has been troubled a good deal with indigestion and morning pyrosis, and has had little appetite.

On the right side of the umbilicus, and about three fingers-breadths from it, a solid mass can be felt within the abdomen, of a rounded form, but irregular, or knotted on the surface, and about the size of a small orange. A similar indurated mass extends up towards the hypochondrium, from the situation of the other. The globular mass can be displaced a little in several directions, and, when firmly pressed upon with the finger, receives a permanent indentation. The belly elsewhere is soft. The bowels have been habitually constipated for six years past, and of late several days have usually elapsed between the successive stools. Percussion on the swelling is dull, and there is considerable tenderness on pressure. She first noticed the tumor a month since.

REMARKS.

What claims at present special notice in this case is the tumor existing on the right side of the abdomen. Its characters are of such a nature that, when at the same time the history of the case is considered, there remains no room to doubt that it consists of a mass of indurated fæces lodged in the colon. As distinctive of its nature, I would refer particularly to the effect (which you had an opportunity of ascertaining for yourselves) produced by firm pressure with the finger. No organised tumor could be so indented by pressure. Leeches have been ordered, on account of the tenderness which exists, and the purgative which has been selected for dislodging the mass is that which is most effectual in acting on the large intestine.

April 5. Has taken ten pills. They began to operate at five this morning, and the first stool, consisting of indurated fæces, was passed with difficulty; four others succeeded, and were voided with ease. The swelling is about one-third less, and has lost its globular form.

18. By the continued employment of the pills, aided by large enemata of tepid water, the whole of the globular mass has been gradually removed, and now the evacuations have ceased to exhibit scybalous matter, and are of ordinary consistence, excepting when medicine is operating. It has been remarked for nearly a week past, since the accumulation in the colon has been removed, that what seemed a process or prolongation of the globular tumor, extending towards the hypochondrium, is in reality firmly attached to the liver. The inferior edge of that viscus lies three finger-breadths lower in the abdomen than the margin of the hypochondrium, and it can be traced crossing the indurated body which still remains in the abdomen, and which is obviously firmly attached to the under surface of the liver. This body projects for about an inch and a half below the liver; its lowest point is on a level with, and about four finger-breadths to, the right of the umbilicus, being nearly on a line with the anterior extremity of the eleventh rib. It measures across nearly an inch and a half, is very irregular on the surface, and presents several angular prominences, whose relative position can be changed by pressure with the fingers in opposite directions. That this mass adheres to the liver, is proved by the effect of pushing it from side to side, in which event the liver is made also to move, and by causing the liver to project forward by pressure made behind, when the body in question is projected along with it. By handling this projecting body, considerable pain is produced. The conjunctivæ and skin have become gradually, within the last few days, tinged of a yellowish hue, but not deeply. It appears that ten years ago she was liable to pain about the situation of the body which has been described, and between that and the epigastrium, usually of an hour's duration, and so intense as to produce general sweats. For six years past she has had no recurrence of these attacks, but has been frequently affected with less severe uneasiness in the same situations. She has never been affected with jaundice until now.

The projection from the lower edge of the liver described in the foregoing account is of a character which I do not remember to have noticed in any other instance, nor can I at this moment refer to any case on record to assist in the diagnosis of its nature. It has none of the distinctive peculiarities of the malignant tubera to which the liver is so subject, nor has it the physical properties of those cysts which are liable to occur on that viscus. The hardness, the angular irregularity of its surface, and its shape, are alike opposed to the conclusion that it can be either one of these tubera or a cyst. There are, notwithstanding, certain circumstances noticed in the description of it which induce me to form a very decided opinion of what it really is. I would notice, in the first place, that the tumor occupies the situation at which we should expect the gall-bladder to present itself if distended and elongated by accumulated contents. It does not, indeed, occupy that exact place in the abdomen at which we should be prepared to find the gall-bladder projecting, if there were no other disease present but what was confined to it. But you would notice that the margin of the liver itself is considerably lower in the abdomen than usual, and this would explain why so small a protrusion of the gall-bladder should be felt on a level with the umbilicus. Physicians are familiar with protrusions of the gall-bladder below the margin of the liver, in consequence of its distension with fluid when its duct has been obstructed, and it is very much in the line occupied by the tumor in the present case that the descent of the gall-bladder in these circumstances is recognised; but, when distended with fluid, the organ has a very different shape and feeling from what we perceive in the case before us; and here I would notice what I pointed out to you at the bed-side, two other features of the case on which I have founded the diagnosis—namely, the angular prominences on the surface of the tumor, and the fact of their relative position admitting of being changed by pressure with the fingers. Both of these characters concur in rendering it highly probable that the mass consists of biliary calculi lodged in the gall-bladder, of such a size, or in such a number, as to produce that protrusion of it below its natural situation as to bring it within reach of the finger. Biliary calculi are not always angular, but they very generally are so, when several exist in the gall-bladder at the same time; and if we have not here an example of calculi of an angular figure causing an elongation of the gall-bladder, I do not know to what else we can ascribe the characters of the tumor.

I am not so certain of the cause of the jaundice. That symptom is a common effect of the lodgment of a calculus in the hepatic or in the common duct, and the circumstance of calculi being detected in the gall-bladder affords a presumption in favor of the opinion that such may be the source of the jaundice in this case. On the other hand, the yellow tint has come on too gradually, is too inconsiderable, and there is too little pain, to justify anything like a decided opinion that the jaundice is here owing to the lodgment of a calculus in one of the ducts. There may be other disease present, but it is of too obscure a nature to enable me to say what it probably is.

What may be the issue of the case I cannot venture to predict. We have no means of expelling the gall-stones, and no means of dissolving them, so that there can be no active interference with them. Such cases sometimes terminate fatally by inflammation being excited by the presence of the calculi, and extending to the peritoneum; sometimes they are indefinitely protracted by the gall-bladder being converted into a mere cyst embracing the included bodies closely; and occasionally the calculi produce ulceration of the bladder, and thereby effect their escape, either into a contiguous portion of the bowels with which the gall-bladder had previously contracted adhesions, or even through the parietes of the abdomen. All that we can attempt by treatment, is to keep within bounds any inflammatory action which may arise from time to time, and may threaten to produce the first kind of termination, which alone is particularly to be feared; and to regulate the bowels by moderate doses of some ordinary purgative medicine. I have not prescribed calomel for the removal of the jaundice, though such is the common practice when that symptom is present, because I apprehend that there is some physical obstruction to the flow of the bile, and if mercury have the power, which it is commonly believed on good grounds to have, of increasing the secretion of bile, its employment, in the event of such obstruction actually existing, might be attended by bad consequences, for rupture of the ducts is liable to occur when they have become over-distended by bile, which is prevented from escaping into the bowels.

Subsequent History of the Case.—No very material change took place for a considerable time after the last report. Occasional attacks of pain and tenderness occurred in the tumor, and in the parts around, which were removed, or moderated by leeching and hot fomentations. In addition to these occasional attacks, she became more habitually subject than formerly to shooting pains in the epigastrium and right hypochondrium. The yellow color of the surface gradually deepened, until it acquired a very considerable intensity, and the skin was, for a time, the seat of much itchiness. The liver became very sensibly more prominent between the seat of the gall-bladder and the epigastrium, and moderate pressure in the right lumbar region readily increased the prominence. The bowels required the continued use of aperients; the stomach latterly became irritable, and vomiting occurred pretty frequently; the thirst increased much, and the body, face, and limbs became considerably emaciated. The pulse rarely exceeded 80, and was sometimes intermittent. She slowly declined in strength, and died exhausted on the 23rd of May. The body was examined on the 26th, and the following are the chief particulars of the

Dissection.—The color of the surface is deeply yellow, and somewhat dingy; and the body is much emaciated. On opening the abdomen, the green color of the liver, which projected below the margin of the hypochondrium for nearly an inch, and the great size of the stomach, attracted particular notice. The great curvature of the stomach extended down nearly to the pubis; the viscus was not distended by air or by fluid, but had the appearance of a flaccid bag. On raising the stomach, and pulling it aside, the colon was brought into view, and was found to adhere pretty firmly to a body occupying the situation of the gall-bladder, and projecting nearly an inch lower than the edge of the liver, from behind which it emerged. This body was irregular exteriorly, and felt firm and solid. The angular indurations, which had been felt through the abdominal parietes in this situation during life, were now still more easily distinguished, and the perception of included solid masses, which could be displaced by the fingers, was still more decided. On being divided with the scalpel it was ascertained to be the gall-bladder considerably thickened, and containing five calculi, and some greyish fluid of the consistence of pus. The gall-bladder did not appear to be much larger than usual, excepting in its length, the calculi having been pretty closely embraced by the thickened parietes, and the quantity of fluid having been but small. Interiorly the bladder had somewhat the appearance of having been partially divided into two or three chambers or pouches, in which the calculi were lodged. The surface of its mucous membrane was of the same dingy grey color as the fluid it contained, and had a pulpy appearance and consistence. What had caused the forward projection of the anterior portion of the liver, was ascertained to be a tumor of a moderately firm texture, and carcinomatous character, occupying the situation of the head and middle of the pancreas, which latter organ, to the extent specified, was lost in, or converted into, the carcinomatous mass. This tumor equalled in size a large orange, and adhered to the under surface of the liver, the anterior portion of which overlapped and concealed it. At the situation of this connection, which was chiefly towards the posterior portion of its lower surface, the liver was converted for two inches, or more, in depth, into a similar carcinomatous tissue—that is to say, was yellow, presented a smooth slippery surface when divided, and felt soft and elastic to the touch. The duodenum, where it passed the liver, was compressed and narrowed by the tumor so as barely to allow the fore finger to traverse it when somewhat forcibly introduced. Its inner surface, in the same situation, presented a dingy, and sloughy-looking patch, about three-fourths of an inch long. It was impossible to trace the gall-duct through so great a mass of disease, but no doubt could be entertained that it was in its course through the mass that the obstruction to the passage of its contents existed. The ducts in the substance of the liver were, in many places, observed to be considerably dilated, and the substance of the organ itself presented, interiorly, the same dingy green hue which was remarked on its exterior. The lungs, especially near their surfaces, were the seats of scattered tubercles of a small size, and firm, solid texture. —*Dr. Henderson, in Edin. and Lond. Monthly Journ.*

PRESENTATION OF THE BELLY.

The following case of unusual presentation terminating fatally thirty-six hours after delivery, is related in the " Medical Gazette " by Dr. Holmes, of Montreal, Canada:—

I was requested, between nine and ten o'clock in the evening to visit Mrs. R., who had been in labor since the preceding night.

The account I received was, that the pains had commenced in the evening, but not strong ; that about three, a.m., the liquor amnii was discharged, and that the pains then became stronger, and during the afternoon had been strong and frequent. A dose of castor oil had operated freely. The midwife was quite at a loss to name the part presenting, but supposed it might be the breech.

On examination, the labia were found much swollen, but they had been so before labor. Introducing the finger it was met by a soft resisting body, too soft for the nates, and which exhibited no sulcus or parts of generation. It had much the feel of a hydrocephalic bag, and, passing the finger towards the anterior part of the pelvis, loose bony points were felt, not unlike the angles sometimes felt at the fontanelles when ossification is incomplete. As, however, parallel separations between] the bony parts were perceived, I could not decide on the presentation till, carrying the finger towards the left side, I came upon what I at once recognised as the abdominal insertion of the umbilical cord; this was pulseless. Enlightened now as to the nature of the case, I found I could follow with my finger the whole contour of the false ribs on both sides, and as the presenting part had been forced down considerably into the pelvis, it was evident that the body must be doubled on itself.

The woman being at her full time, there was no reason to expect expulsion *viribus naturalibus*, and therefore I resolved to turn. The child being dead, my attention was of course exclusively directed to the mother. The membranes having broken eighteen or nineteen hours before, the waters had entirely drained off; the pains had been, and continued, frequent and forcing: the doubled body was considerably forced down into the pelvis, and therefore I anticipated great difficulty in bringing down the feet. The first step was to quiet the uterus, which I attempted by administering one drachm of laudanum, the pulse not being strong. I left her for an hour, and on my return found that the pains had been entirely stopped, but were again beginning. I then attempted to introduce my hand, but having entered the vagina, found the uterus so hard that I desisted, and resolved to try the effect of venesection in relieving its rigidity, being fearful of trying turning in such a condition. I first administered three quarters of a grain of hydrochlorate of morphia, and then bled her to over thirty ounces, when she complained of faintness. I then immediately proceeded to the operation, and supposing from the apparent position of the child that I should find the left hand most convenient (the patient being on her left side), I introduced it with considerable difficulty, and frequently cramped by the action of the uterus, along the presenting part towards the left side ; but instead of its passing along the front of the thighs, it was found to pass on to the buttocks and back of the child, and in endeavouring to bring it to the front of the thigh, it came in contact, not with the knee, but the elbow. The position then was different from what I had supposed, and instead of the body being simply doubled, it was also twisted, so that while the right side of the abdomen was opposite the vulva, the pubic region was turned in a contrary direction, and the elbow of the left side forced against it.

Finding I could not not reach the feet or front of the thighs with my left hand, I withdrew it, and introduced the right, and having with much pain and difficulty reached the elbow, I found behind and below it the knee, and having insinuated a finger into the ham, held on during a pain, and endeavoured in the interval to draw it down. I finally succeeded, and when it had once begun to move I was able with no great difficulty to bring it down into the vagina, and finally the foot through the os externum. By gentle traction during the pains, the body was gradually extricated, the other leg and thigh remaining of course doubled up, till the nates were expelled ; the arms were brought down, but some delay occurred in the expulsion of the head, it being large, while the outlet of the pelvis was rather small from the approach to each other of the rami ischii, and a strong unyielding coccyx. Even with the finger in the mouth, considerable force was required to bring it out.

On examining the body, the presenting part was well marked by its purple color, and was found to be the right side of the abdomen.

It is well to remark that there was no prolapsus of the cord, only about two or three inches of its umbilical extremity being felt.

POTATO STARCH.

Dr. Pereira thus describes the physical and chemical character of potato-starch :—It may be readily distinguished by the naked eye of an experienced person from all other commercial feculas, *tous les mois* alone excepted. It presents a remarkable glistening, satiny, pearly, or sparkling appearance, somewhat like that of a number of minutely divided globules of mercury. Though it is difficult to convey an accurate and precise idea of this property by words, yet it is one which is instantly recognised when a sample of this starch is attentively examined. It arises from the large size of the amylaceous grains. Moreover, potato-starch wants that dull or dead white appearance presented by West Indian arrow-root. It gives the idea of the particles being slightly translucent.

In the large size and slight translucency of its grains, *tous les mois* agrees with potato-starch: indeed, they are somewhat larger than those of the latter starch. Hence, therefore, the naked eye may confound these two feculas.

The microscope is the most important agent in distinguishing the different starches from each other; and by it we can readily detect potato-starch. We recognise it by the *size*, *shape*, and *structure* of its grains. Though the *size* varies somewhat, yet on the average it exceeds that of other commercial starches, always excepting *tous les mois*, whose grains, as I have already stated, are rather larger. I have, however, occasionally met with samples of potato-starch, whose grains nearly equalled in size those of *tous les mois*. The actual size of the grains varies from $\frac{1}{300}$ to $\frac{1}{30}$ of a line in diameter. The *shape* of small (or youngest ?) grains of potato-starch is circular or globular; but that of the larger ones is elliptical, oblong, ovate, or obtusely triangular. Perhaps, we may assume that the normal form of the fully developed particles is ovate. The *structure* of the grains is the next point deserving of our attention. When examined by a polarising microscope, we observe, by the black cross which they present, that they possess a depolarising or doubly refracting structure, which is to be regarded as an indication of their consisting of a structure unequally dense. By the common microscope we discover, on some part of the surface of the grain, one hilum, or, in some cases, two hila—one at either end, or two at the same end. The hilum is a circular hole, which was formerly thought to be a kind of umbilicus, by which, according to some writers, the starch-grain was originally attached to the parent vesicle in which it was developed. It is now regarded as the circular section of the tube or passage by which the amylaceous substance is introduced into the interior of the starch grain. On large and old grains of starch we observe a number of cracks which commence at the hilum.

On the surface of the grains is a series of curved lines, forming a system of either concentric or excentric rings or zones, which surround the hilum. They are similar to the curved lines observed on bivalved shells, as the mussel, and which indicate the terminations of the successive layers of which these shells are composed. The grains of every kind of starch, which I have hitherto examined, present a hilum and some traces of rings; but in the smaller grained starches, as rice-starch and the Portland arrow-root (starch of *Arum maculatum*) they are very imperfectly perceived. *Tous les mois* and potato-starch, probably on account of the size of their grains, show these rings in the most distinct manner.

The starch grains are composed of a series of juxtaposed concentric layers, which may be compared to the laminæ of an onion. Of these layers, the innermost are the most recently formed. The composition of all of them is the same, but their cohesion is different, the inner or younger ones being less cohesive, and, therefore, more readily soluble than the outer or older ones. The rings or rugæ, so distinctly perceived on grains of potato-starch, depend on the concentric layers.

I am acquainted with no absolute chemical test by which potato-starch can be certainly distinguished from other starches. All the amylaceous substances possess certain chemical characters in common, one of the most remarkable and striking of which is, that of forming with iodine a blue compound. But these characters are possessed in unequal degrees by different starches, and thus the chemical peculiarities of potato-starch are rather differences in degree than absolute and positive distinctions. Its greater solubility in boiling water serves to distinguish it from wheat-starch, and hence it is frequently called, in contradistinction to the latter substance, *soluble starch*.

How then, it may be asked, is it that potatoes by boiling do not yield a mucilage of starch ? The answer is, that the starch grains are contained in vesicles which compose the cellular tissue of the potato, and that the membrane of which the vesicle is composed is not soluble in water. Moreover, it is to be remembered, that these vesicles contain an albuminous liquor in which the starch grains are immersed, and that by heat the albumen of this fluid is coagulated, and thus probably the starch grains become enveloped by a thin film of coagulated albumen, which is insoluble in water.

The greater facility with which potato-starch gelatinises when rubbed in a mortar with a mixture of equal parts of commercial hydrochloric acid and water, has been recently suggested as a means of detecting it when mixed with rice-flour. The strong smell of formic acid emitted by it, when rubbed with hydrochloric acid, has also been proposed to characterise it.

Commercial potato-starch contains about eighteen per cent. of hygrometric water.—*Pharm. Journ.*

THEORY OF MENSTRUATION.

Dr. Raciborski, in a memoir on the function of menstruation, presented to the Academy of Sciences at Paris, has given the following as the conclusions at which he has arrived:—

1st. That the course followed by the Graafian follicles, during their progressive development in women, exactly resembles that which they follow in other mammiferæ, as we may easily assure ourselves, especially by examining the ovaries of the sow.

2nd. The rutting seasons offer the greatest analogy, anatomically considered, to the menstrual periods. Both are coincident with the highest degree of development of one or more follicles, and terminate by their rupture, and the expulsion of the ovum, or of a true fœtation. They have also in common a greater or less congestion of the uterus, vagina, and external organs.

3rd. The menstrual periods, like those of rutting, are closely connected with the reproduction of the species.

4th. The organs described by authors under the name of *corpora lutea*, or glandular bodies, are nothing but the follicles of Graaf, in a stage of development more or less advanced.

5th. The tumefaction of the Graafian follicles, and their elevation on the surface of the ovaries, seems to be an indispensable condition for fecundation of the ova.

6th. The orgasm accompanying coition may of itself suffice to produce this state of the follicles, without its having been previously prepared by the instinctive impulses of nature; only, as in that case, this state and disposition of the follicles is not completed till a longer or shorter time after coition, conception is thereby retarded, and is, moreover, far less certain than when connection has taken place while the follicles were already swollen and prominent, as they are at the rutting season, and at the approach of the menstrual period.

7th. That, as regards the faculty of reproduction, woman seems to occupy a place intermediate between female animals which have seasons of heat or rutting, and those which are always capable of fecundation from the mere orgasm excited by coition, without other preparation on the part of nature. Their nature, however, approaches more nearly to that of the former class, our statistical researches having informed us that of 100 women, six or seven at the most become pregnant after sexual intercourse at a distance from the menstrual period; while, in most women, conception dates evidently from such intercourse at the moment of the catamenial evacuation or some days days before or after the menstrual period.

MESMERISM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In No. 146 (July 15, 1843), you published a very able and interesting Address on Mesmerism read at the annual meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, held at Bristol, June 29, 1843, by J. B. Estlin, F.L.S., &c. I have never seen the subject so well and so judiciously treated before.

I think that the address is calculated to do a great deal of good, and that Mr. Estlin deserves our best thanks for writing and publishing it.

But I should hardly have troubled you or him with my opinions on this subject, had not Mr. Estlin himself particularly requested his professional brethren to do so. He says—"In conclusion, I have only to add, it will be gratifying to me to find that in the sentiments I have advanced I meet with the accordance of the majority of my professional brethren." Mr. Estlin thinks that the less medical men have to do with these Mesmeric and phreno-Mesmeric exhibitions the better. He says—"My object is to exhort my professional brethren not to listen to the call made upon them to lend themselves to assist in the inquiries which are demanded of them into this 'vexata questio;'" and, in other place, he says—"I cannot but strongly feel that our profession will best consult its own dignity and the benefit of society by keeping aloof both from the investigations and the investigators that have lately been before the public in this and other cities;" and, again, "It seems to me impossible for a medical man to engage in the practice of animal magnetism without resorting to expedients and allying himself with persons not altogether congenial to a refined taste and cultivated mind." I entirely concur in the truth and soundness of these observations, and circumstances which have recently taken place in this town tend very forcibly to corroborate the opinion. Here, as in other places, it was asked by many, and also by the press—Why do not the medical men interfere in this matter, and either explain the truth or expose the fallacy of the assertions and experiments which are made and exhibited? Acting upon this suggestion, an attempt was made, and a most eminent man, our senior physican, accompanied by several other medical men, attended one evening at the theatre for the purpose of witnessing the performance and demonstrating its absurdity by such observations and questions as the cases might suggest. But the attempt was an entire failure. Although we had been to a certain degree called upon to make an appearance, the populace numerously assembled, would not hear them. Ignorantly happy in their credulity, and bigotedly determined to believe what they could not understand, they would admit of no interruption, no investigation, and to the very few and insufficient observations our learned friend was able to make, the most vague and vulgar answers of the lecturer were considered satisfactory, and received with acclamation.

The triumph of phreno-magnetism was shortly afterwards blazoned forth through the town in large characters, and the disciples of delusion claimed a victory. A previous attempt had been made by other medical men at a smaller meeting, but with no better success. The people were determined to believe, and the attempt to undeceive them was perfectly useless.—"Qui vault decipi decipiatur." I was not present at either of these occasions, nor, indeed, at any of the itinerant's performances. Having availed myself of our local press as a medium for making my opinions known, I thought I might fairly excuse myself from the disgusting annoyance of personal attendance. I have published two letters on the subject, but as they are addressed to the editor of the "Northampton Herald," and appeared in that paper, I presume you will not think proper to make use of them. I cannot take leave of Mr. Estlin's admirable address without quoting, in conclusion, his last and finest sentence, "When our duties call upon us for the unavoidable infliction of pain, let us not harass our patient by attempts to ascertain if he be one of those few who may be thrown into such a state of unconsciousnes as to be insensible to it, but let us endeavour to strengthen his mind to bear up under his trial, by suggesting to him Christian motives and a Christian's hopes."

I am, Gentlemen,
Your obedient servant,
H. Terry,
Surgeon to the Northampton General Infirmary,
Surgeon to the Northamptonshire Militia, and
late Assistant-surgeon in the Army.

Northampton, July 31, 1843.

RAISING THE WIND ON DEAD BARGAINS.

A most respectable member of the medical profession had the accompanying "private and confidential" circular left at his house a few days ago. In laying it before our readers, we trust its author will excuse the breach of confidence, in the desire we feel that so valuable an opportunity of doing something in a quiet way might not be lost to the profession. The living was formerly supposed to be the only sources of emolument to the medical practitioner, and that, when death stepped in, fees stopped; not so now, however, thanks to Mr. Shillibeer. Dead bodies will shortly be at a premium, and the dissecting-room of University College and the Marylebone liberals will no longer monopolise the market. But to be serious; we have seen impudent and ignorant circulars, but, of all the outrageous productions it has ever been our lot to witness, this "private and confidential" one is the *ne plus ultra*.

We trust that it will be viewed in the light it deserves by the profession, and that Mr. Shillibeer will reap the due reward of his presumption, as far as its members have any influence.

"*Private and Confidential.*

"25th June, 1843.

"Sir,—As you must professionally know how very frequently funeral expenses press heavily on the funds of families, I beg leave to submit to you my plans, which combine economy with perfect decency at the smallest expense.

"The highest prices comprise funeral respectability, and even elegance, at very reduced charges, whilst the system tends to, and is, gradually abolishing walking funerals, by having a carriage to convey six mourners to and from any cemetery at less cost, thereby giving to the poorest of the population the advantage of cemetery interment, and mitigating the evil and disgust naturally attending many of the present grave-yards.

"Should you be of opinion that, by influencing families, in the hour of distress, to adopt my system, you are rendering them pecuniary service, and preserving public health; it will, of course, promote the interests of the Cemetery and General Funeral Company, with which my patent carriages are united; and, upon being informed of such recommendations, I will pay into the Medical Benevolent Society, or to any hospital fund, five per cent. of the cost of such funerals.

"Should it be preferred that such remuneration should be personal, the amount shall be privately and most confidentially paid on addressing a note that you have rendered this essential benefit to families, and to the public health of the metropolis.

"I hope you will put the most favorable construction on the novelty of my plan, which is respectfully submitted to you, and, apologising for the intrusion, I remain, Sir, your most obedient servant,

"George Shillibeer."

RUPTURE OF THE UTERUS—RECOVERY.

The patient in this case was in her nineteenth year, and confined for the first time. Delivery was attempted by the long forceps, but in vain; the head of the infant had to be opened, and delivery was accomplished by means of the hook. In passing the hand into the uterus, a longitudinal rent was discovered, corresponding to the right iliac fossa, and from six to seven centimetres in length. The hand, when passed into this gap in the uterus, came in contact with the mass of the small intestines. A month afterwards the uterus contracted, and the tear in its substance could no longer be perceived. The patient was alarmingly ill. She vomited, had hiccup, violent pain in the abdomen, &c. Nevertheless, she did not die; on the contrary, after several days passed in a state between life and death, she began to improve, and finally recovered.—*M. Vaulpre, in Gazette Méd. de Paris.*

PRESENTATION OF A GOLD MEDAL TO SIR B. BRODIE.

On Thursday last a dinner took place at Willis's rooms, for the purpose of presenting to Sir Benjamin Brodie a gold medal, as a testimonial of respect and esteem, on the occasion of his resigning (three years' since) the office of surgeon to St. George's Hospital. Sir Charles Clarke presided.

APOTHECARIES' HALL.

Licentiates admitted Thursday, August 3, 1843.

John Blaxland, London; Frederick Gervis Jackson, London; William Hepworth, Morley, near Leeds; Arthur Romer, Liverpool; Alfred George Field, Reading; James Corrie, Finchley.

Thursday, August 10, 1843.

Thomas Allen; John Edwards; Joseph Frowd Jones; William Hendrick Gerard Vos; Richard Ellis Bateman; Charles Law.

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TO CORRESPONDENTS.

We shall direct our attention to the subject of the letter of *M. D.*

Correspondents are requested to address their communications to the Publisher, 356, Strand, and *not* to Dr. Green, as heretofore.

COMMUNICATIONS, JOURNALS, AND BOOKS FOR REVIEW, TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION, TO DR. STREETEN, WORCESTER.

Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by Henry Renshaw, at his residence, No. 356, Strand.—Saturday, August 12, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 151.] LONDON, SATURDAY, AUGUST 19, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES
ON
VENEREAL AFFECTIONS
DELIVERED
AT THE HOPITAL DU MIDI, PARIS.

By Dr. PHILIP RICORD.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE XI.

June 2, 1843.

Part II.—Syphilitic Affections.

GENTLEMEN,—I have finished my sketch of the non-virulent diseases consequent upon sexual intercourse, and turn to "syphilis," properly so called. It is needless to trace back the derivation of this word; albeit, many authors have thought it important to do so, and have entered into long discussions on the subject, some referring its origin to the Greek derivative signifying a pig, whilst others have imagined that the animal propensities of the victims of this disease have induced an association of the two words rather in the spirit of poetry than strict etymology.

Whatever the philological debates on these points may be, most writers grant that the collection of symptoms known under the generic denomination of syphilis, are to be attributed to a peculiar morbid poison, the existence of which John Hunter clearly demonstrated, and which has since been admitted by all, though sometimes under the transparent and insignificant veil of a new name.

Origin.—The origin of the disease is lost in the mist of ages. The oldest medical authors, unaware of the existence of the virus, traced the symptoms observed now to excessive continency, and now to the deplorable laxity of public morals.

In the thirteenth century, Guillaume de Salicet ascribes syphilis to cohabitation with dissolute women, clearly mistaking for the *origin* what was then, and still is, the *mode of propagation* of the disease. Of the influence of the planets I will say nothing.

Astruc was the first to trace the birth of syphilitic disorders to the discovery of America. But Sanchez battered his arguments to such a degree, that this origin is pretty nearly abandoned. But, supposing for an instant that Astruc was correct, the question is far from answered—where and how did syphilis begin in the West Indies? Americo Vespucci attributes it to the exciting draughts given to the Spaniards by the American women. According to Lister, it is due to the use of the Iguana's flesh, which has also been proposed as an excellent cure for the same disorder. In 1492, the Jews were expelled from the Spanish empire; the privations and misery of all sorts which followed gave rise amongst them to a kind of plague, perhaps not without some mixture of syphilis, but which has been, on the whole, much misunderstood.

Fioraventi, at a loss to give a precise date to the first appearance of syphilis on the scenes of pathology, boldly asserts it was the consequence of the siege of Naples, which "never took place!" Ménard conceives it to be a modification of lepra. Paracelsus, in his fanciful imagery, calls it a "mule"—*i. e.*, a combination of sexes, &c. Vanhelmont is inclined to believe it is nearly allied to farcy, and I am not far from adhering in some measure to this opinion Hofmann, Didier, Lange, Cullerier (senior), consider its nature to reside in a special cause, *animalculi.* Here begins what we may call the "microscopic era." It is impossible to say what the microscope may, at a future day, discover on the subject; but I must say that hitherto its investigations have been fruitless.

At all times it has been asserted that syphilis might arise spontaneously from the intercourse of two healthy persons. I altogether deny it; and notwithstanding Cullerier's singular reason for admitting it—viz., "*in order to explain inexplicable things*"—I hope I shall be able to demonstrate that this origin is both improbable and impossible.

To prop the tottering theory of spontaneous syphilis, M. Fricke's (of Hamburg) experiments on corrosive sublimate are adduced. This salt, applied on the glans penis, produces ulcers, resembling chancre in all respects; yes, Gentlemen, in all respects—but one, which is sufficient to separate these artificial sores from chancre for ever—they are never inoculable. The theory of spontaneous syphilis is, therefore, totally inadmissible. After examining the various origins to which the disorder has been successively attributed, we are reduced to the necessity of acknowledging, with Voltaire, "*la vérole est comme les beaux arts, on ne sait pas qui l'a inventée.*"

The history of vaccine and farcy throws, in our opinion, some light on the possible origin of syphilis. Before Jenner's discovery, before modern experiments had proved that vaccine and farcy may be transmitted from animals to man, it cannot be doubted but that many persons must have been affected with one or the other of those diseases, in which case the cause and nature of the symptoms observed must have remained enveloped in obscurity. It is my opinion that at a future day, like vaccine and farcy, syphilis will, perhaps, be traced to the brute creation, and will possibly, as Vanhelmont has long since insinuated, be found in near relation with farcy. The preceding observations are, of course, purely hypothetical; but, even taking them as such, I do not think they are altogether destitute of probability.

It may be objected to that syphilis cannot be communicated to animals; but, as the same remark applies also to vaccine, that objection, at least, therefore falls to the ground

Research directed towards this subject, at which we only cast a rapid glance, and minute microscopic investigation, will, I have no doubt, eventually solve the mystery, and, by unveiling the nature of the virus, probably point out the origin of syphilis.

Syphilis is always propagated by contagion from a diseased subject to a healthy one; but the contact must be immediate, between the sore secreting inoculable matter, and the spot to which it is communicated.

The pus is secreted with its virulent property, and does not acquire it afterwards by any extraneous circumstance. Should a wound in a distant part of the body coexist in the same patient with a chancre of the genitals, the wound will proceed to cicatrisation, as if no syphilitic complication were present, provided the secretion of the chancre do not come into contact with it. On the contrary, a wound existing close to the chancre, within one or two lines of it, for instance, will become chancrous, although no contact with the inoculable matter should have previously taken place. This singular fact may, perhaps, be due to the virulent secretion soaking, as it were, through the neighbouring cellular tissue, thus forming around the chancre a kind of sphere of "virulent activity." This is only, however, an explanation; but the fact is one of every day observation, which cannot be contradicted.

Once *perfectly healed*, the chancre *cannot* reappear without a fresh infection. From a perfect cicatrix it will be, however, necessary to distinguish with care such cases in which the cicatrix forms over the chancre, enveloping it in a complete cyst, which soon bursts, and gives rise to a relapse. It is only necessary to be warned of the possibility of such an event, to prevent any error on the subject.

Having made these preliminary remarks, I shall now turn to the disease itself.

The existence of a special morbid poison in syphilitic disease can be demonstrated only by its effects. The virus has never yet been isolated, and this circumstance is one which is likely to lead into error the properties of the *vehicle*, being constantly described as those of the *poison* itself. When the pus of small-pox, of virus vaccinæ, the secretion of farcy, the saliva of the rabid dog, are introduced into the system by inoculation, a series of morbid phenomena appears, constantly in the same succession, so as to permit the physician to distinguish on the appearance of the symptoms, the different toxic agents employed, and enable him to foretel the symptoms likely to supervene on inoculation of any one of the substances referred to. It is this peculiar property which vindicates for these morbid poisons the denomination of virus, and it is the presence of the same property, in the pus of chancre, which claims for that secretion the same name, and obliges us to place syphilitic poison on the same line.

The vehicle of the virus may be muco-pus, serous or sero-sanguineous secretion, albuminous, glutinous, and coagulable matter. It may be alkaline (as in most cases) or acid, as in the vagina. It is essentially corrosive, and stimulates to ulceration.

Various hypotheses have been made with regard to its intimate nature. Bree considers it to be an *elastic fluid*, acting under the influence of an electric power of expansion. M. Donné believes that it is essentially constituted by the presence of animalculi (vibrio and trichomonus). But these are found in all sores in which putridity is allowed to occur. They have been met with in sores which were not chancres, and have been absent in true primary chancre. My learned friend, Mr. Carmichael, is of opinion that the secretion containing the virus is always serous. This is far too exclusive an assertion; and you will have many opportunities of convincing yourselves, in my wards, that the vehicle of the poison may be phlegmonous pus, as perfect in all its qualities as that of the best characterised inflammation of cellular tissue.

With the exception of the secretion of chancre at its specific period, no other liquid of the human economy is capable of producing chancre by inoculation. The blood of infected persons is altogether inert in this respect, as well as semen, saliva, perspiration, or urine. It is only when these liquids are mixed with a certain proportion of virulent pus that they become inoculable.

I admit of only *one* syphilitic virus, in opposition to Mr. Carmichael, who describes several, and who conceives that each is followed by a special form of constitutional eruption. This opinion you will find disproved by many cases, in which one single sore, consequently one virus only, gives rise to several forms of general syphilis.

The virulent pus does not require heat, or the excitement of coitus, to propagate chancre. Introduced under the epidermis with a lancet, its results are constant; and thus will be proved an assertion of ours, we shall be always ready to substantiate—viz., that no individual is proof against primary syphilis. If any person should fancy that he is, nothing can be easier than to convince him, by inoculation with the lancet, that the supposed immunity he enjoys depends not upon his constitution, but merely on the integrity of a strong epithelium.

In order that inoculation of virulent pus should be successful, it is indispensable that the structures be placed in special conditions, which I will now enumerate.

Idiosyncrasy, age, sex, have no influence whatever, either to prevent or to forward inoculation, artificial or from coitus. We will say the same for climate.

The particular part of the body on which inoculation is performed has no influence whatever as to its results. The skin, the mucous membranes, the cellular tissue, the lymphatics, are all equally liable to its action. The true conditions of successful inoculation are purely physical, and depend not on any of the above circumstances, but on the denudation of the dermis, without which inoculation will almost invariably fail. As a proof, we might adduce a fact which comes under our every day observation. In this hospital, physicians and assistants constantly dress chancres and touch inoculable pus, yet, if the epidermis of the fingers be sound, no inoculation takes place. Again, in many patients chancre does not produce similar ulcers in its neighbourhood, although the adjacent parts are habitually soiled by inoculable matter; but if in the vicinity an excoriation or wound happens to exist, such as a leech-bite, for instance, the contact of the secretion invariably changes it into a chancre.

The infection is, therefore, not the result of any vital action, but merely a local phenomenon, depending upon the physical condition of the parts exposed, and in this respect quite analogous to vaccine.

The true condition of morbid action in inoculation resides, therefore, altogether in a pre-existing wound, or ulcer, and, more frequently still, in an excoriation, resulting in general from coitus, and placed in immediate contact with a virulent secretion. Occasionally, also, the follicles of a part, when large and numerous, become impregnated with the virus, and, excoriated by its presence, soon present the characters of chancre.

It is in the genitals that these local conditions are mostly met with. Disproportion of size of the organs, the length of the foreskin (which incarcerates the poison), the great breadth of the meatus in some persons, hypospadias, in all prolonged contact of the part with the virulent matter—all these local circumstances, and not any special action exclusively due to the vitality or the functions of the genitals, explain why these organs are, oftener than others, the seat of disease.

The presence or increase of the physiological secretions of the parts are natural protections against infection. The same may be said of the menses, of utero-vaginal catarrh; also, the secretion covering a newly blistered surface prevents its being inoculated, though placed in contact with chancrous pus. The emission of urine or of semen act as a sort of injection forwards, and, washing away the exposed virus, must not be forgotten in the prophylaxis of syphilis.

Modes of Propagation.—Connection between a diseased person and a healthy one is, beyond doubt, the most frequent. But is this indispensable? Not absolutely so, in my opinion. In one case, and in one case only, do I admit of the possibility of infection occurring between two healthy persons, one of them serving as the mere vehicle of inoculable matter, which takes effect on the other. This opinion, which, at a previous lecture, I have already mentioned, cannot, it is true, be always physically proved to be correct; but do we not admit that the surgeon's own hand may be the vehicle of the poison from one person to another, whilst he himself escapes unscathed?

Besides sexual intercourse, there are some other modes to which I need not allude. During labor, a mother may inoculate her child with chancre; but this does not deserve the name of hereditary syphilis, which we would confine to secondary symptoms appearing in an infant, who, during the nine months of intra-uterine life, has derived its chief nutriment from the tainted blood of an infected mother.

Surgical instruments may transmit the disease, when not carefully washed, after opening a chancrous abscess. No fact hitherto proves that the introduction of virulent pus into the stomach can inoculate the mucous lining of the digestive organs. The atmosphere tainted with the breath of syphilitic patients cannot, as was formerly believed, transmit the disease. Public prostitution is a great source of primary syphilis; but here I must again repeat what I already have stated on a former occasion, that more disease is propagated by women not matriculated on the books of the police than by those who, thus inscribed, are every week submitted to medical examination. We will here close this lecture, by reminding you, Gentlemen, that all these modes of communication of chancre are all, without exception, inoculations, in which the inoculating instrument alone occasionally varies.

ON THE

RELIEF OF DEFORMITIES

PRODUCED BY

CICATRICES IN THE NECK AFTER BURNS.

By J. H. James,

Surgeon to the Devon and Exeter Hospital, and Consulting Surgeon to the Exeter Dispensary.

[*Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, at Leeds, Thursday, August* 3, 1843.]

The various deformities incident to the human body have, of late years, much engaged the attention of the medical profession, and I cannot but think it rather remarkable that one of the most distressing of these should still be generally neglected. I allude to those miserable cases where, after burns, the head is tied down to the chest by the cicatrices which so constantly form. While it was allowed that in other parts of the body art is capable of relieving the imperfection by the means described by my late lamented friend, Mr. Earle,* those in the neck were pronounced by the highest authorities to be incurable, in proof of which permit me to quote a passage from the lectures of that great surgeon, Sir A. Cooper—"I have never seen," he says,† "a case like that represented in the plaster bust on the table, where the chin is firmly united to the breast, which was capable of being cured." "Where the bridle is broad and not separated from the muscles, as under the chin, no operation will avail." In the year 1825, I was enabled to communicate to the Medico-Chirurgical Society three cases, in two of which I had operated with perfect success, adopting a material modification of Mr. Earle's treatment, by which I was enabled to overcome those difficulties which the structure of that part of the body peculiarly presented. That communication was published in the Thirteenth Volume of the Transactions of the learned society to which I have alluded.

I should not now trouble you with any further observations on this subject, if frequent repetitions of the operation in the hospital to which I have the honor to belong, by my colleagues as well as myself, did not enable me to assert that, when carefully conducted, success will be obtained, while the works which are justly deemed to convey the present state of opinion on surgical practice, still continue to pronounce these deformities for the most part, if not altogether, incurable; it may be because the operation, as proposed, has not received any trial. Mr. Liston, in speaking of cicatrices after burns, expresses himself thus: "There is no encouragement to make such attempts, certainly no severe operation is warrantable, and, as already said, it is only in favorable instances where the connecting slip is thin and not extensive that any permanent advantage can be expected from interference with it." ‡ And Mr. Fergusson—"When a cicatrix has been removed, and the wound healed by the means recommended by Mr. Earle, I have generally noticed that after the union by granulations had been accomplished the parts were much in the same state as before—in some, perhaps, a little worse for the proceeding." "I have almost invariably noticed," he adds, "that in instances where the cicatrix had merely been cut across, and when the head had been held in a favorable position for weeks, that at last matters have arrived at nearly the same condition as when the knife was first used. I must admit, however, that all instances were not alike unfortunate."* Again, under the article Cicatrix, in the "Cyclopædia of Practical Surgery," very little is said with reference to these cases, and that by no means calculated to encourage the performance of operations for the purpose of relieving them; and Dr. Mutter, to whose valuable memoir I shall hereafter allude, says, speaking of his operation, that if he had permitted the wound to heal by *granulation*, the patient, so far from being benefitted, would be made worse than before. Here I may observe that the operations to which these authorities have alluded would appear, with the exception of the last, to consist in the simple division of the bands; at all events, that no special apparatus was employed to ensure their success. After thus briefly stating the cold condemnation of the proceeding so pronounced, I should hardly venture again to bring the subject under public notice, unless supported by pretty strong facts; one of these may, with peculiar force, be presented to this meeting, and, therefore, I have selected the present occasion as a fitting opportunity for mooting it. It so happens that one of the cases was seen by many of the most distinguished members of this Association, when Exeter was honored with their presence a twelvemonth since, it being then in progress, and, consequently, I may have the advantage of appealing to some of them now present for the correctness of my statement. The first cast which I offer to your notice was roughly made by the pupils of the hospital, at a time when I had not the least intention of offering the case to your observation; rough as it is, however, it will suffice to show the extent of the contraction, and may, I imagine, afford not an unapt parallel to that which Sir A. Cooper mentions in his lecture as incapable of redress. The second is one of the same neck by an artist in Exeter just prior to the patient's leaving it for Cornwall, her native county. The slighest inspection will justify me in saying the relief was complete. Some of my friends around me may recollect the state of this young woman in August, 1842. They will probably remember that my colleagues, the pupils, the nurses, the patient herself, all agreed as to the extent of the deformity existing prior to the operation. It remains that I should state to you her condition at this time, which I am enabled to do by the kindness of Mr. Ulingworth, of Fowey, who thus writes me July 23, 1843: After stating that the sore in the neck was not healed, owing, as he thinks, to her having neglected the application she ought to have employed, but expressing himself confident of its ultimately, though slowly, healing, he says—"I think it will be an admirable cure—that is, that her head will be as erect as ever, and that she will have the free use and action of the surrounding muscles."

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* Paper in vol. vi and vii of Med.-Chir. Transactions.

† Lectures, vol. i, p. 178.

‡ Operative Surgery, p. 216

The possibility of complete relief in the most aggravated cases having, then, I hope, been proved, I shall, in the next place, offer some data on which the degree of probability may be grounded.

In my case-books I have noted fourteen instances of the operation, the greater number very bad cases; of these eight of my own are recorded, six of my colleagues. Of the eight which fell to myself, and were all severe, the success was complete, with one exception, and in this the thorough attention which is uniformly necessary was not paid. With respect to those operated on by my colleagues, although I lost sight of some of them before the treatment was quite concluded, I believe equal success was obtained in by far the greater proportion.

These are not the whole number of cases which have been operated on; many have been omitted, as, from circumstances to which it is unnecessary to allude, *no* operations were entered in my case-books during two long intervals.

I shall now, with a few additions, very briefly recapitulate the principal points which, in my former paper, I offered to the attention of the society I then addressed, which are especially these:—

That, whereas in the limbs no difficulty exists in maintaining the proper position of the part after the cicatrix has been set free, there being but one joint concerned, and that easily fixed, this is far from being the case in the neck, from the peculiar mobility of that part, arising chiefly from the numerous joints in the cervical spine. It might be supposed, *a priori*, and indeed, has been, that confining the head back would keep the chin and sternum sufficiently asunder; but this is not so. To elude the effect of the cicatrix as it contracts, the cervical spine becomes shortened with a curve either to one side or backwards, as the case may be. To render this approximation impossible became, therefore, the object of my inquiry. I considered that if an apparatus could be interposed between the clavicles and lower jaw, extending backwards to the basis cranii, so as to prevent these parts from approaching each other, I should obviate the difficulty. These purposes are fully attained by the apparatus here presented, which possesses the further advantage of raising the chin by the action of the screw, so that the change in the position, not only of the soft parts, but of the bones, is gradually redressed, and the neck and face wholly, or in a great degree, restored to their former proportions; for it must be observed that the bones themselves, as in talipes or varus, become altered in their shape. The rigid cicatrix holds the chest and front of the face tightly together, so that, as the child grows (for it is generally in children these accidents occur, especially females), the whole bony apparatus is fixed; and when it has been chiefly on one side, I have even seen the orbit of that side considerably lower than the other. I have also seen the lower incisors pushed horizontally by the pressure of the tongue, the counter-pressure of the muscles of the lower lip being wholly wanting.

I do not pretend that all traces of so great a deformity can be effaced by the operation—that there will be no drawing down of the lower lip, no scar, no detriment to the personal appearance, but I am warranted in asserting that the lips will be allowed to close, to retain the saliva, and for distinct articulation

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* Practical Surgery, p. 400.

—that the head and face may be carried erect, and freely moved, the lower lids no longer everted—that the patient will enjoy her life in comfort, and no more exhibit a picture miserable to behold. It has been objected that the contraction may return. The answer is, that it does not, if the apparatus is worn for a few months after the healing is completed. The observation of many years warrants me in stating this.

I may further and incidentally mention, that the apparatus I have described not only answers the purpose for which it was originally intended, but that, if employed in due time, it is capable of preventing the primary cicatrices consequent on burns from contracting, as is fully shown by a patient, now under the care of my friend and colleague, Mr. Harris, just about to be discharged from this hospital;[*] *and furthermore, that it may be most advantageously employed in those cases where the cervical vertebræ give way from disease, or where it exists in the processus dentatus, and support is required.*

Such are the uses of the instrument, and such are the advantages of the operation; but it must not be concealed that it is long, sometimes difficult, and very painful—that very great attention is requisite in the subsequent management, and a long confinement necessary on the part of the patient; yet, so strong is the feeling in the female mind of the horrid disfigurement, as well as physical disability, produced by these accidents, that I have never met with one patient who has not been deeply grateful for the relief afforded.

It is but right I should state that another mode of operating has been very recently proposed and practised by an American surgeon, Dr. Mutter, of Philadelphia. It consists in adopting the Taliacotian principle, so as to cover the wound formed in the neck after the removal of the cicatrix. It strikes me, however, that if this should be found preferable in some, in many *bad* cases it will not answer the purpose, unless the collar be also employed; for although, by a careful dissection of the parts at the time of the operation, the chin and the sternum may be very considerably separated, yet, without the continued and gradual action of the screw, they will not be restored to their natural position. In addition, I may mention, that in by far the greater number of bad cases, the adjacent integuments are themselves so involved in the mischief as to offer no suitable materials for a flap. I may observe, in this place, that in small cicatrices in any part of the body, I have sometimes adopted the plan of destroying them by caustic potass. The ulcer which forms offers no obstacle to any extension which may be wished, and the cicatrix which follows has no peculiarity like that consequent on burns by fire, a circumstance sufficiently remarkable in itself.

As the mode of treatment has already been stated in the former paper I have alluded to, I shall not occupy your time by particular details, but merely state that it consists—

1. In dissecting the hardened cicatrix from the subjacent parts, having previously dissected it with a Brodie's knife in most cases, and, in all, forming a flap to turn up under the chin; and I may here take occasion to mention that I think it the safest and best method to operate on the patient in the recumbent posture.

2. In confining this flap under the chin by broad straps of adhesive plaster, and a uniting bandage, secured at the top of the head, which must be shaved to some extent.

3. In covering the large exposed surface in the throat with moistened lint, and bread and water poultices, confined by a paste-board collar, until suppuration is freely established, the head being rather thrown back at the same time.

4. By the use of the screw collar as soon as suppuration *is* established. In very bad burns it is often desirable to change the first for one with a longer screw, as ground is gained for its action. The apparatus should be worn for many months at least after the cure is completed.

I will not weary your patience by the details of any cases in addition to the three formerly published, to which I beg to refer, but shall merely give a reference to the fourteen I have alluded to, and the names of the surgeons by whom they were performed. Permit me to add, that the fact of the operation being practised by my colleagues to the present time, is, perhaps, the best evidence that can be produced that it answers the purpose for which it was intended.

I may remark, in conclusion, that in Dr. Mutter's case it was found necessary to divide the sterno-cleido-mastoidæi; but the subject was an adult, aged twenty-eight, in whom the accident had occurred at five years' old, and consequently the muscles were very much shortened. In the cases on which I have operated, with the exception of one, no such interval had elapsed, but even in this I found the screw collar suffice; it was in one of the cases not entered.

Reference to the Cases which have been Operated on.

— Lee, aged 7, October 17, 1818; Elizabeth Bully, aged 8, March 9, 1824; Elizabeth Beal, aged 13, May 4, 1824, by Mr. James.[*]

A. B. (girl), October, 1824, by Mr. Harris.

Frances Pearse, aged 15, March, 1826, by Mr. James.

Mary Dibbles, aged 15, September, 1826, by Mr. Barnes.

G. N. Heath, aged 13, December 16, 1829, by Mr. James.

A. B. (girl), aged 16, July 6, 1830, by Mr. Harris.

William Perriam, aged 7, May 16, 1831, by Mr. James.

A. B. (girl), May, 1837, by the late Mr. Luscombe.

Eliza Cousins, aged 11, June 17, 1837, by Mr. James.

Louisa Trewman, aged 7, November, 1841, by Mr. Delagarde.

Ann Tinsman,[†] aged 24, July 2, 1842, by Mr. James.

John Shear, aged 8, September 6, 1842, by Mr. Delagarde.

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[*] Eliza James, aged eleven, Exeter Ward. Burn occurred in April, 1842. It was treated without the collar for five months. It then began to contract, and the collar was applied, and continued to the present time. The head is quite upright; the distance from the lower jaw to the clavicle is fully three inches and a half. The mouth not deformed.—June 27, 1843.

[*] Published in the Medico-Chirurgical Transactions.

[†] The last case, from which the casts were taken. At Christmas the wound was nearly healed, but in the spring her health became bad, from the air and confinement of the hospital, and early in May I was obliged to discharge her on this account.

GRINDERS' ASTHMA.

By Charles V. Favell, M.D.,

Physician to the Sheffield General Infirmary, &c.

It is doubtless known to the majority of the readers of your valuable Journal that the grinders in Sheffield suffer much from a pulmonary affection known by the name of "*grinders' asthma.*" This disease most frequently affects those who are employed in what is called *dry* grinding, and amongst this class of persons it occasions a fearful mortality. There has hitherto been considerable difficulty in obtaining an examination of the bodies of those who have fallen victims to this distressing malady, and to this circumstance we are to ascribe the fact of the pathology of the disease being very indifferently understood. Before any general conclusions can satisfactorily be drawn, a great number of facts, in the shape of cases accompanied by *post mortem* examinations, ought to be accumulated. Hasty generalisations from insufficient data are calculated both to mislead the profession and to prevent accurate inquiry.

For a long time past the general and physical signs and morbid appearances of grinders' asthma have occupied a considerable share of my attention, and I purpose, whenever the Provincial Association visits Sheffield, to bring the subject fully under their consideration. It appears to me to be expedient to postpone the exposition of my own views till I have the opportunity of illustrating them by an adequate number of pathological specimens, and, of course, their removal from Sheffield would be attended with difficulty and danger. In the mean time, however, I shall probably forward to you the particulars of such cases as may henceforth occur to me either in public or private practice, *but such communications will not be accompanied by any comments.*

I attended the post mortem examination of the following case on the day of my return from the anniversary meeting of the Provincial Association, at Leeds:—

H. Hugil, a stout, robust man, aged thirty-five, was apprenticed to a razor-grinder at thirteen years of age. As a boy, he always enjoyed very good health, and, in fact, never suffered from any complaint, except such as are incident to childhood, and from those he speedily recovered. During his apprenticeship he became affected with a hard, dry cough, which never entirely left him. Several years ago he had an attack of pleurisy on the left side, for which he was bled and blistered; and at a subsequent period he suffered from cholera. Except on these occasions, he was never confined by illness; for a long time past he led a very dissipated life, drank very hard, and sometimes for a week together, but was never absent from work on any account for a longer period. His mother says that, whilst he was in his usual health, he occasionally "spit blood," but she also says that he was very subject to epistaxis, and she cannot tell whether the spitting of blood usually happened when there was hæmorrhage from the nose or not. He never made any complaint of dyspnœa or palpitation of the heart. About ten days ago he was seized with an acute attack of pleuro-pneumonia on the right side, and died after a few days' illness. His father and mother are both living in the enjoyment of good health at an advanced age. No member of the family ever had phthisis.

Post-mortem Examination.

The chest, as well as the rest of the body, well developed. No emaciation. On opening the chest the pleuræ on the right side were partially united by adhesions which were easily broken down, and manifestly of recent origin. The right cavity of the chest contained a few ounces of sero-sanguinolent effusion, and the pleura covering the lung on the same side was partially covered with recent lymph. The middle lobe of the right lung, the two inferior thirds of the superior lobe, and nearly the whole of the inferior lobe, were in a state of red hepatisation. The upper portion of the superior lobe was slightly emphysematous, and in the centre of it was a portion, about the size of a hazel nut, which was dark colored, and offered considerable resistance to the knife.

On the left side the pleuræ were very firmly adherent, and it required considerable force to separate them. The left lung was congested, but quite pervious to air, except in a circumscribed portion of the superior lobe, in the centre of which there was a space, two inches long by an inch and a half broad, where the pulmonary tissue was extremely dense, of a dark grey color, and had the hardness of recently formed cartilage. There was no gritty deposit in any part of either lung, nor the slightest appearance of tubercle. The bronchial glands were neither enlarged nor indurated. The heart large and flabby, and the pericardium contained a quantity of bloody serum.

Sheffield, August 7, 1843.

CASE OF CRIMINAL ABORTION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I beg to enclose the following case of criminal abortion, which, if you deem it fit for insertion in your valuable Journal, by so doing you will oblige your most obedient, humble servant,

George Weekes.

Hurstpierpoint, Sussex, August, 1843.

About midnight on the 28th of December, 1842, I was summoned to attend Jane Hole, about four miles distant, whom the father (who came for me) thought had taken poison. She was seventeen years of age, unmarried, of a healthy disposition, short and corpulent, and about seven months advanced in pregnancy. She had ate and drank well during the day, and was cheerful; had gone to bed about ten, apparently well; was suddenly seized with vomiting; shortly after it was very severe, and violent convulsions succeeded it, and she became gradually insensible. When I arrived I found her vomiting, comatose, with stertorous breathing, with paroxysms of convulsions recurring every ten or fifteen minutes. The vomiting was very severe and incessant; the pulse very frequent. I opened the veins in both arms; she was a fat subject, and the veins were very diminutive, and did not bleed freely. I examined, *per vaginam*, the os uteri; it was not dilated; there were no labor pains. She frothed at the mouth, breathed hard through the nostrils, and with stertor. I remained with her some time, ordered her hair to be cut off, and cold applications to the head, and returned home, sending immediately fifteen leeches, to be applied to the head, and five grains of chloride of mercury to be given every four hours, and a wineglassful of an aperient mixture every three or four hours. Saw her again on Thursday morning; bowels had not acted; still very sick; convulsions very violent, recurring at intervals of ten minutes, and lasting from ten to twenty; os uteri not dilated; no labor pains nor flooding; pulse very frequent, and, during the paroxysms, almost imperceptible; her tongue was severely wounded by the teeth. I opened a vein again, and with difficulty extracted about six ounces more of blood; seven or eight of the leeches only had fastened; the rest I applied, and they all fixed. I remained with her three or four hours, and ordered sinapisms to the feet. At the commencement of each paroxysm of convulsions, evinced by writhing of the body, I dashed cold water on the face and neck, producing a counter-shock, which somewhat disturbed and rendered less powerful the convulsions; but when the paroxysms were more advanced, I did not perceive that sudden shiver or effect produced by the sprinkling of water. The report brought to me at night was, that she had had several convulsion fits, was still insensible, very sick, the bowels had not acted, and she had lost the use of her left side. I sent two powders, six grains of chloride of mercury and half a grain of powdered opium in each, one powder to be put directly between the teeth on her tongue, the other to be given three hours after. Saw her the next morning (Friday); she had had convulsions less frequently during the night; her respiration had been calmer and freer between the convulsions. During a violent convulsion, about five in the morning, the child and placenta, with the membranes entire, had been expelled simultaneously, without flooding or action of the bowels. I saw the child floating in the liquor amnii contained in the unbroken membranes; when exposed it had a healthy appearance. The centre of the body was midway between the umbilicus and the lower part of the sternum; it measured thirteen inches; there was no opportunity of weighing it. The patient's left side was partially paralysed; pulse under 100; belly tumid and firm. She had not been sick since the calomel and opium powder, and she was slightly conscious, as evinced by her crying when the laxative mixture was given in a teaspoon (there being still great difficulty in swallowing), but apparently relishing sugar and water. Ordered half a glass of the laxative mixture to be given every two hours till the bowels acted, and to take gruel and tea. The convulsions had now ceased, and she was more composed, but the bowels had not acted. Sent her ten grains of powdered jalap, with five of chloride of mercury, in a powder, to be given directly, and repeated in four hours if no motion. Saw her the next morning (Saturday); her bowels had been very freely moved; she with difficulty recognised me, and could move very slightly her left arm and leg; pulse 90, and soft; tongue dry and brown; the lochia scanty. Gave her three grains of James's powder, with four of nitrate of potash, at night.

Sunday, Jan. 1. Her mind was wandering; all her illusions were black; says the devil appears to her, tells her mother to go out of the room, her face is so black; says if she sleeps she shall never wake again; motions and urine passed involuntarily. She took saline mixture, and occasionally an anodyne at night, her bowels being regulated. She was very debilitated, and her mind rambled, with short lucid intervals for some weeks. Tonics were given with benefit, and she has gradually recovered.

Fearing I am trespassing too much on your pages, I will briefly report the case, as shown before Judge Tyndal at the Lewes Assizes just past. Nothing could be discovered at the attack of her sickness to account for it; but when she could speak she confessed having taken three or four large pills and some salts the night she was taken ill, sent to her by the father of the child, a farrier, to bring it away, as he said it would. The pills were found in a gallipot, but few were gone; there was much difference in the size of them; the pills had a strong odor of some essential oil, and were of vegetable production, very green when macerated, but were so mutilated and bruised in compounding the pills it was impossible to recognise the leaf; upon a close inspection minute white spots might be discovered on portions of the leaf; when liquor potassæ was poured on the pills they did not give out that peculiar mousey odor so characteristic of henbane; and it was not savine leaf; the pills, when tasted, produced an acrid and burning sensation at the back of the fauces. One professor of botany said he was strongly persuaded it was spurge laurel; another that it was helleborus fætidus, "Quot homines, tot sententiæ," no one would swear to their composition. The learned counsel for the defence, in cross-examining, asked if I had not heard or read of bleeding in the foot to procure abortion. I said I had heard of it. He then asked if I had not bled the woman, which I had; on which, in his closing speech, he ingeniously attempted to lead the jury to infer, that bleeding from the arm coming more directly from the heart than bleeding from the foot, very probably had produced the abortion in this case. Medical men understand better, and know that bleeding will frequently prevent abortion, and how large a quantity of blood must be taken frequently in urgent diseases of pregnant women, without affecting the fœtus, though large bleedings, when no urgent necessity exists, might very likely cause abortion. I regretted I had not witnessed the effect of these pills on an animal; I gave three to a cat, powdered and mixed with lard, but was called away soon after, and detained many hours, and I had no opportunity of seeing the effect, as my servants had destroyed her, to put her out of her misery, as they said she was so very sick and ill. Reviewing the case, the stomach was primarily affected, and subsequently the brain and nervous system, in such a state as narcotic and acrid poisons produce. With the exception of the severe and incessant sickness, the symptoms resembled puerperal convulsions, but the generally considered causes and premonitory symptoms of that affection were absent. The child had not descended sufficiently to produce irritation; the uterus was not much distended; there were no labor pains; the system was not collapsed or exhausted; she was previously healthy; her mind was quiet; had a comfortable home; her pregnancy had been some time known, and she had no object in concealing it. I gave it as my opinion that the pills contained some noxious and acrid quality, which caused the severe sickness and irritation of the stomach, producing a severe shock on the system (the uterus being involved), and consequently the cause of the whole train of the succeeding symptoms, and the premature expulsion of the fœtus.

The charge in the indictment was for administering, or causing to be taken, a certain noxious article, believed to be savine (which, on first seeing, I thought it was), to procure abortion. The judge desired the jury, if they were satisfied that the farrier had sent the pills with the intention to procure abortion, and also, as in the charge, that the pills did contain a noxious article, which produced it, they should return the verdict accordingly. Verdict, Guilty. Transportation for fifteen years.

DR. MARTIN LYNCH ON THE VAPOR-BATH.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Since the publication of my second paper on the vapor-bath, I have devoted a considerable portion of my leisure time to experiments having for their object the further improvement of my apparatus, and have obtained the most satisfactory results, the most important of which I now communicate to the members of the Provincial Association through the medium of your valuable Journal.

Having procured bath-gowns made of various kinds of stuff, and having tested each, I am able to say that no material is so suitable as a particular kind of sail-cloth; no bath-cloak can be had cheaper, but leaving cheapness out of the question, the sail-cloth cloak is superior to all others for retaining the vapor and hot air, and has the advantage of drying very rapidly. After a bath of one hour and ten minutes in duration, I have repeatedly found it slightly moist on the inner side only, whilst the outer surface has been quite free from moisture; in this state it has been hung up in a lobby, and has been found perfectly dry in less than three hours; in the open air, or before a fire, a much shorter time would be sufficient for drying it. The sail-cloth gown also looks well, washes well, and is more durable than any other.

It may appear to some that the sail-cloth cloak is not warm enough, but a moment's consideration will remove this impression; for it must be remembered that vapor and hot air, at the highest temperature that can be borne, issue forth beneath and around the feet, rapidly rising along the legs and thighs (owing to their specific gravity), and almost *immediately* bringing the upper part of the space within the gown to a temperature varying from 112° to 120° Fah. It is evidently absurd to fear cold under such circumstances. Moreover, the hoop prevents the cloak from touching the body except at the collar, which is lined with flannel, and at the acromion, where, as I have shown, the temperature is instantly brought up to 112° or 120°.

The only kinds of woollen cloth, fit for the gown, are Irish frieze (recommended by the late Professor Macartney) and kersey or fear-nought of a very superior description, selling at 3s. 6d. or 4s. per yard.

As to the frieze, I cannot say anything new, not having been able to procure any for my experiments, but I can state confidently that kersey and fear-nought are much inferior to sail-cloth, as gowns made of these are very bulky and heavy, and absorb a great quantity of moisture, thus becoming still heavier during the bath, and requiring twenty-four hours or more to dry. Finally, a gown of kersey or fear-nought would cost *at least* £1 15s., while the sail-cloth gown can be had for £1.

The other kinds of woollen cloth did not answer at all. The thickest and best absorbed moisture to such a degree that they became quite soaked before the person taking the bath had been seated twenty minutes, and, as a necesssary consequence, rapid evaporation took place, covering the *whole outer* surface with a cloud of steam, cooling the space within, and rendering the bath comparatively inefficient.

But although the sail-cloth cloak is an improvement, the diffuser, contrived by me, is, notwithstanding its cheapness and simplicity, one of vastly greater importance.

As the bath was originally administered, the vapor escaped from the conveying tube at the central point of the space included by the legs of the chair, and, rising upwards, first filled the upper part of the cloak, gradually extending downwards towards the legs and ancles, and the person taking the bath perspired in the same order: first at the neck, arms, and chest, then at the abdomen, and ultimately at the thighs and legs.

To obviate this most serious inconvenience, I recommended the feet to be placed in hot water; but the end desired—namely, the maintenance of a sensation of warmth in the feet equal to that felt in the neck and chest—was but imperfectly attained by this measure, inasmuch as the temperature of the water was only 98° or 100°, whilst at the neck and chest it ranged from 112° to 120°. The diffuser, however, quite overcomes this difficulty, for the *whole supply* of vapor and hot air issues forth copiously beneath and around the feet, rising up along the legs and thighs *during the entire sitting*, and the feet and legs perspire as copiously as the neck, chest, and arms, and *feel much warmer*. This makes my apparatus, in every respect, the most perfect that has been invented. Duval's comes nearest to it; but, to omit at present the points of inferiority alluded to in my former papers, it has the following most serious inconveniences:—1. A very small proportion only of the vapor and hot air escape beneath and around the feet. 2. *Vapor alone cannot, by means of it,* be applied to inflamed joints, ulcers, &c.—a great fault for indolent ulcers. Parts affected with chronic inflammation, &c., should have the vapor applied at a high temperature, and mixed with hot air; but irritable ulcers, and parts affected with acute inflammation, require steam alone, at a low temperature, and perhaps medicated with narcotics, antiphlogistic treatment being previously pursued with more or less activity, according to the nature of the case.

There is a good deal of valuable information I would be glad to communicate concerning the physiological effects of the general vapor-bath in health and disease, and also concerning the use of my apparatus for the local application of steam to wounds ulcers, inflamed joints, &c.; but I must not occupy too much space in your present Number, and, indeed, it is not necessary I should, as I shall publish, in a few day, an Essay on the Medical Effects of Vapor-bathing.

Having had several cloaks, sets of boilers, tubes, &c., made for my own use, and having had the whole apparatus in use for a long time, I can give some hints that will save expense to purchasers.

Less stuff by three yards is used in making the cloaks now than at first, as several were made before the most economical mode of cutting the cloth was discovered; besides, arrangements have been entered into for procuring a great number, to be made in one establishment, for less than half the price demanded for making one; hence, I am convinced at least ten shillings will be saved by procuring the cloak from Mr. Morris. A saving will also be effected by buying from him the portable stool with shifting legs; and, indeed, I strongly advise that nothing should be made in the country but the common six-shilling stool with fixed legs.

I have named the prices of the apparatus at the lowest amount for which really good materials and workmanship can be had, having ascertained these prices by conferring with the principal of a wholesale manufacturing house in the city. Mr. Morris is prepared to sell at these prices.

In my second paper, twenty-four inches by thirty-six should have been given as the measurement of the stool, instead of twenty-four by forty-four.

I now make the cloak rest on the stool, as in this way it answers perfectly, and much stuff is saved.

The wick should be precisely the same as that sent in the lamp by Mr. Morris. For the general bath it should project an inch, or three-quarters of an inch, beyond the orifice, and before it is lighted the threads of the projecting portion should be unravelled, and spread wide, so as to have a broad flame. There is no danger to be apprehended from the strength of the flame.

The patient should not take his seat until the water boils most freely, which is known by the sound of the boiler and tremor of the tube.

I have the honor to be, Gentlemen,
Your obedient servant,
Martin H. Lynch.

London, August 14, 1843.

P.S.—The wide flannel tube for the local application of steam is not included in the sets advertised, but can be supplied by Mr. Morris for a few shillings.

In my former papers I condemned Macartney's apparatus, because the lamp, being placed within the cloak, is withdrawn from observation, and may give rise to serious accidents. I had forgotten at the moment that the same fatal objection applies to Duval's.

NOTE ON MR. FLETCHER'S CASE OF DIFFICULT PARTURITION.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—With your permission I would gladly make a few very brief observations upon the remarkable case of complex labor detailed in the last number of the Provincial Medical Journal by your correspondent, Mr. Fletcher.

I will not occupy your valuable space by quoting from the case, but it will suffice to say that the patient was in her *first* labor, that two children were born alive, one by a foot, the other by a vertex presentation, the chief peculiarity of the case being, that as soon as the body of the first child had passed into the vagina, the further progress of expulsion was found to be arrested by the presence of a second child, whose head prevented any further delivery. To remove this difficulty the forceps was introduced, and the second child thus extricated, its delivery effected, and immediately afterwards the first presenting child was ushered into birth.

In physics, the axiom that no two bodies can occupy the same space at the same moment of time has so long obtained, that one cannot allow the present example to completely explode the correctness of that doctrine, however much opposed to it it may be. In the present instance the body and the arms have been brought down—i. e., they have passed into and are contained in the vagina, the head still reposing in the uterine cavity; this being granted, it is clear that a considerable portion of the bulk of the child must still be placed in the pelvic cavity—I say a considerable portion, because I would not attempt to speak with greater certainty of the part of the fœtus which might have occupied that position, but if it be remembered that the head of the child is still in the uterus, it is obvious that the chest and shoulders at least must be contained in the bony pelvis. Such is the position when the parturient efforts fail to effect anything more towards complete delivery. By examination a second child is detected, presenting the vertex, to which the forceps is applied, and its delivery effected.

Now, assuming that the fortunate mother did not possess a Brobdignagian pelvis, the longest diameter may be placed at 5⅛ inches, the diameter of the head of the second child, taken from chin to occiput, at 4½ inches; the space occupied by the blades of the forceps would equal ⅜, and hence

$$5\tfrac{1}{8} - (4\tfrac{1}{2} + \tfrac{3}{8}) = \tfrac{1}{4}$$

which would be the space left for the body of the second. It may be objected that the fœtal measurement thus assumed is taken from the average standard, and that in the present case two children existed. But, on the other hand, it must be remembered, the assumed diameter of the pelvis is of the largest size, that both children were born alive. and that they were of the male sex, and, therefore, larger than they would have been had their sex been female.* To remove even these objections, let it be imagined that the children's heads were both unusually small, and still allowing to the maternal pelvis the full dimensions, there would then result—

$$5\tfrac{1}{8} - (3\tfrac{1}{2} + \tfrac{3}{8}) = 1\tfrac{1}{4},$$

thus leaving but the space of an inch and a quarter as that occupied by the second born but first presenting child, and which I need scarcely refer to as that which daily experience tells as is insufficient for the purposes of normal parturition.

With opposing difficulties such as these, sufficient, as it would seem, to render the expulsion of the second presenting child before the birth of the first almost impossible, I may at least be allowed to indulge an expression of surprise, not unmingled with congratulation, that your correspondent should have been favored by such a successful conclusion of a task fraught with so much of difficulty. The case may well furnish us with a new reading of an old adage—for of a verity " *labor* omnia vincit."

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* Phil. Trans., vol. 76, &c.

The difficulties experienced in the application of the forceps must have been great, when it is considered that the body of one child was contained in the vagina at the very moment of their introduction, and your correspondent may well take credit to himself upon the successful treatment of a case by a line of practice which could scarcely otherwise be received as applicable.

I would beg to be regarded as throwing out these crude observations solely with a view of gaining from Mr. Fletcher some further illustration of a case at once remarkable, rare, and, before the publication of his letter, almost improbable. In its present very condensed form it scarcely avails so much as it might do if more fully described, and with the view of eliciting some further information, I have presumed to trespass upon your valuable pages.

I have the advantage to be, Gentlemen,
Your constant reader,
CLIO.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, AUGUST 19, 1843.

It is remarkable, but not the less true, that in proportion as medical science has been advanced by the important aids brought to its successful cultivation by an improved acquaintance with the collateral sciences, so has its progress by the same means been frequently retarded and sometimes altogether arrested. With new scientific discoveries false lights arise, the truths of science are equally obscured by ignorant scepticism as by blind adoption, and medical knowledge receives no increase until time and experience have swept away absurdities from truths, and facts have triumphed over conjecture. Scepticism rarely does a very great amount of mischief; blinded zeal, or rather the indiscriminate or partial adoption of new views effects far more, serving to conceal that which is essentially excellent by the absurd extension and employment of doctrines which were never intended to outstrip their destined limits.

Errors of this class are commonly more with the disciples than the original discoverer or inventor of anything that is new in medical science; nevertheless it cannot be denied that the advancement of our profession is daily diminished by a love of novelty evinced in a large number of the medical practitioners of the day; an heroic operation is often an object more boasted of than the careful search after the means which might have rendered its performance unnecessary. When any new adjunct to diagnosis or to treatment is introduced, it for some time remains a matter for speculation whether such addition to our knowledge has produced a greater amount of good or evil to the community at large. Long after the labors of Laennec had placed in our hands the means of detecting and appreciating the physical signs indicative of the several forms of thoracic disease, had we to ask this question, and even at the present day we scarcely know whether the amount of good conferred preponderates over the extent of mischief inflicted. Auscultation and percussion, invaluable agents when rightly used, are sources of the greatest danger when ignorantly employed. The stethoscope is still looked upon by certain practitioners almost in the light of a talismanic gift from some supernatural power than as as a means of employing with success one of the senses nature has given us, and the instrument is applied as if with the expectation that the name of the disease within the patient's breast would be thundered in the ears as if from the throat of some stentorian lecturer on the practice of physic; whilst others, knowing a little more about the matter, and able to detect a *rale* or a *bruit*, lean exclusively upon the existence of such sounds, and without pausing to reason upon the causes capable of producing them, or combining the data thus afforded with the general symptoms of the disease, have rushed to conclusions erroneous in themselves, and most mischievous in their application; heroic treatment alone is thought of, and unremittingly pursued so long as the abnormal sounds are audible, until disease and life have been shut out together. This is an evil of one class.

Many there were, and still are, who, composed of the class of practitioners who never suffer the indignity of learning aught that is new in science, and who contrive to retain a certain amount of professional occupation by the general adoption of the creed so readily responded to by every old lady in or out of the profession of " knowing the constitution," who seek every opportunity of bringing stethoscopic examinations into ridicule, and rejoice in any instance of its failure. This is another of the evils commonly attending every new discovery.

By no means few are they who, not less deficient in medical knowledge than the class just alluded to, but far richer in tact, with the utmost perseverance, carrying a stethoscope, and applying it in every case that may come before them without hearing, or expecting to hear, anything that they can understand. The only object being to appear as wise as others, to assume the possession of a knowledge of more recent birth, which, superadded to their long standing in the profession, may serve to place them beyond the power of rivalry. This is an evil of a third class.

The use and abuse of auscultation is a subject fraught with interest and importance, but we have alluded to it here merely as illustrative of the sources of mischief which ever attend the steps of each discovery in medical science—the facts revealed to us by microscopic examination, the truths elicited by the searching agency of organic chemistry, are as yet enshrouded by such, and are shackled and deteriorated by the writings of *soi-disant* disciples. Amid the long list of works daily urged into publicity, the wondrous cases, and still more miraculous cures, contained in medical periodicals, are also as many proofs of all this; and thus, whilst medical knowledge would seem to be rapidly advancing, the torch of science burning brightly the old quotation "alere flammam" responded to on all sides, little or no real progress is made. We appear to be in a blaze of splendour, yet is science rather "consumed than enlightened;" and midst the multiplicity of authors, theorists, and commentators, medical knowledge is lost sight of, or at most is but little benefitted. From what, let us ask, does this arise?—the answer is not a difficult one. In our profession the number of those who really labor for the sake of science is but small, and no sooner does any one of these give to the world the result of his efforts in the form of aught that is new, than numbers hastily rush forward to discuss its merits, and either oppose some feeble objections, or, what is more common, connect thereto their own crude notions, in the hope that a little of the excess of glory may be reflected upon themselves, or, being less fortunate, are determined at least to associate their names in some way with that of the discoverer. This has been the case with the recent writings of Liebig, which, however excellent as a whole, are yet defective and erroneous in much of detail. Commentaries upon Liebig, his chemistry, and reviewers, appeared in quick succession, some of them equalling the works of that author in point of length, but being, for the most part, things of "shreds and patches," and, as in the case of one writer, consisting but of an aggregation and most unphilosophic consolidation of the views of almost any author whose works happened to be at hand. The facilities afforded by the employment of chemical equivalents has led to some of the most untenable speculations than can readily be conceived, and to the publication of theories which, in short, explain in no way, but are rather opposed to the facts they are said to elucidate, and deserving but to rank with the well-told theory of the ingenious Darwin, who believed that the "reason why the bosom of a beautiful woman is an object of such peculiar delight arises from hence: that all our first pleasurable sensations of warmth, sustenance and repose, are derived from this interesting source. This theory had a fair run, until some one happened to reply that all who were brought up by hand had derived their first pleasurable sensations from a very different source, and yet that not one of these had ever been known to evince any rapturous or amatory emotions at the sight of a *wooden spoon!*"

As in theories and commentaries connected in name, though in little else, with the writings of the most zealous or successful cultivator of medical science, so in the detail of practical matters; take, for example, the relation of cases, many of which, in the present day, partake, to a lamentable extent, of a most popular strain; note the useless verbosity surrounding them, and diminishing so much their real value. We are unwilling to particularise any one example, but may allude to the difficulties which probably may attend the more frequent employment of an important operation latterly introduced by the almost romantic narration of its attendant dangers, and figurative expressions, dazzling metaphors, and all the fancied imagery of those who do not undergo its miseries. Cases are thus decorated, and, although with the effect of making the operator a sort of lesser hero, yet is it at the expense of science, and, to a certain extent also, of suffering humanity. We now read of "*severing the integuments with a large scalpel at one stroke,*" of a tumor springing forwards, and being "*sufficient to startle the coolest and most determined individual,*" and that "*none but those who have witnessed such a scene can form any idea of the extent and formidable appearance of the operation;*" together with many other grandiloquent expressions appertaining more to the narration of the adventures of some benighted hero in romance, than the description of a scientific operation. It is, in truth, a matter of much regret that so much of a popular tendency pervades not only published medical works of the day, but also the manner of recording cases. Much is it to be desired that medical authors would be content to write for science—for others, not for themselves; and whether, in the instance of theories, commentaries, or the description of cases, that everything partaking of a popular character should be rejected, all needless verbosity avoided, and, in short, that all manuscripts should be revised before printing them, guided by the useful hint,

> " ———————— dura
> Exerce imperia et ramos compesce fluentes."

REVIEWS.

Observations on the Sulphureous Springs of Harrogate. By William Bennett, M.D. London: Renshaw, 1843. 8vo. pp. 64.

Unlike the numerous productions which are perpetually issuing from the press in praise of some particular mineral spring, the pamphlet of Dr. Bennett, now before us, is characterised by a spirit of scientific inquiry highly creditable to its author.

The first point which Dr. Bennett examines is the state in which sulphuretted hydrogen exists in the sulphur waters of Harrogate. The numerous and careful experiments which he has instituted on this point lead him to conclude that it exists in a state of combination (as hydro-sulphuric acid) with some of the saline ingredients of the springs, such as soda, lime, or both.

Having satisfactorily demonstrated this point, the author next proceeds to show that the quantity of sulphuretted hydrogen contained in a given volume of the water is subject to certain variations, which should not be overlooked in the administration of such powerful remedial agents as the strong Harrogate waters. The causes of the variations now alluded to are chiefly the rapidly decomposing action of the atmosphere, and the difference of depth at which the water may be collected; and, in addition to these causes, the superficial rain water may affect, in some slight degree, the amount of sulphuretted hydrogen.

The remaining ingredients of the Harrogate waters are carbonic acid, carburetted hydrogen, nitrogen, and chlorine; and these, like the sulphureous principle, owe their effective properties to the combinations which they form with the saline ingredients.

From the chemical consideration of the different springs, Dr. Bennett passes to the administration of the sulphureous waters; and here we find a great deal of judicious and practical advice, which the physician and the patient will consult with benefit. We have not, indeed, for some time read any work of this kind which has made a more favorable impression on us, and we trust that Dr. Bennett will carry out, to their fullest extent, the investigations which he has commenced in a manner so highly creditable to him.

Cataract and its Treatment; comprising an easy mode of dividing the Cornea for its Extraction, and appropriate means for removing the different forms of that Affection. By John Scott, Senior Surgeon to the Royal London Ophthalmic Hospital, Surgeon to the London Hospital, &c. London: Churchill, 1843. pp. 71.

This is a cheap half-crown's worth, and not the less valuable on that account. Mr. Scott states the object of his pamphlet in a few words—"I have long considered that the chief difficulty and the chief danger attending the extraction of cataract has arisen from the force that is necessary to transfix the cornea with the instruments commonly employed for that purpose; and that spasm of the recti muscles, induced by that force, compressing the iris between the hard lens and the side of the knife, and occasioning inflammation of that membrane, has been the most frequent cause of an unfavorable result of the operation. It, therefore, occurred to me that if these inconveniences could be obviated, the facility of performing the operation would be greatly increased, and its success proportionably augmented. With this view I have constructed the knife described in the following pages; and, having now tested its utility in a great number of cases, I am anxious to afford to others the opportunity of using it with the advantage that I have derived from its employment." Now, from reading this, one might suppose that Mr. Scott's seventy-one pages were devoted to the description of his new instrument; but the reader will be agreeably disappointed, for the account of Scott's knife—we suppose we must call it so—occupies but two or three pages, the remainder being devoted to a general description of cataract, its forms, its symptoms, its treatment, &c.

We shall first lay before our readers an account of the new knife, and we cannot do it better than in Mr. Scott's own words, a little condensed. "The back of the knife describes a sixth-part of the circumference of a circle, the radius of which is ten lines. The chord of the arc formed by the back of the knife is, of course, also ten lines in length, being equal to the radius of that circle. The knife is two lines in width at the heel, whence it gradually tapers to the point; it also increases uniformly in thickness, as well as in width, from point to heel." There are four plates to the treatise, the first of which gives a bird's-eye view of the whole matter. A circle is described to represent the globe of the eye, and the new knife is applied to the part corresponding to the cornea. In addition to the points we have already noticed as occurring in the text, the important particulars of the knife having its convex edge sharp on cutting, and its concave edge the reverse, are marked in the diagram. Now for its application. Mr. Scott most justly observes, that the great objection to the knives of Wurzel and Beer are, that they act both as a wedge and a cutting instrument at the same time, in consequence of which the force employed in thrusting them through the anterior chamber tends to turn the eye inwards "to the nasal canthus of the orbit, whereby the inner side of the cornea is obscured from the view of the operator; he is unable to puncture it close to its sclerotic margin, and, in consequence, the section is too small for the escape of the cataract." To correct this tendency to inversion, when the wedge knives are used, pressure is often had recourse to on the nasal aspect of the globe, and, between the two stools, it often has happened that the lens, vitreous humor, and all, have come to the ground—a feat which has been performed before now in simpler operations than those for cataract. "Scott's knife" is intended to make the necessary section of the cornea for the exit of an opaque lens, without being open to the faults of the other knives which we have mentioned, and, at the same time, with greater security to the iris than they afford. These proposed objects in the construction of the instrument are thus numerically stated by our author:—

"1. That it shall be of sufficient length to traverse completely the anterior chamber, and divide the nasal margin of the cornea.

2. That it shall increase in width and in thickness from point to heel, enough only to prevent the escape of the aqueous humor in its transit across the anterior chamber, but that its width shall have no reference to the dimensions of the section that is to be made, as that circumstance, I conceive, has occasioned all the difficulty of its introduction, and the chief danger of the operation.

3. That it shall be of such a shape and figure, that when introduced in the middle of the temporal margin of the cornea, and carried across the anterior chamber, it shall readily puncture the nasal side of that membrane; and when placed in this situation, the cutting edge shall be so far beyond the pupillary margin of the iris, and opposed to so large a portion of its anterior surface, as will prevent its escape beneath the edge of the knife to endanger its division in making the section of the cornea.

4. That when the section of the cornea is thus about to be made, the edge of the knife shall be opposed only to the margin of the section on either side, and not to an extensive portion of its internal surface, whereby its division would be attended with difficulty, as is the case in using Beer's knife."

Mr. Scott's book bears evidence of being written in honesty, and, as far as it goes, forms a striking contrast to the unworthy sixpenny pamphlets which have of late years adorned the history of medical literature, and especially in ophthalmic surgery. In speaking of the propriety of operating on both eyes at the same time, when double cataract exists, our author is opposed to such a proceeding; and with a short extract, which is pregnant with meaning, we shall conclude these observations.

> "I am fully aware that if one eye be lost in consequence of the operation, the second eye will rarely be confided to the same operator, and another surgeon will thus have the opportunity of acquiring considerable credit at the expense of his neighbour; but this consideration does not invalidate the arguments that have been used in favor of the single operation, in regard to the welfare of the patient, in comparison with which the advantage of the surgeon deserves not a moment's consideration."

FRACTURE AND CONCUSSION OF THE SPINE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—The following cases of fracture and concussion of the spine, although affording nothing of novelty, I send for insertion in your Journal; I conceive, with Mr. Toogood, that much substantial advantage results to the profession by the practice of faithfully publishing the cases which occur in our practice.

I have the honor to be, Gentlemen,
Your obedient servant,
Thomas Bancks, M.R.C.S.
Stourbridge, Aug. 8, 1843.

Case I.—Richard Andrews, aged forty, whilst engaged in getting out coals in the mines, a quantity fell on his back, and fractured the last dorsal and first lumbar vertebræ. The usual attendant symptoms were present when I saw him, an hour after the accident—viz., loss of sense and motion below the seat of injury, loss of power in the sphincter ani, and retention of urine, priapism, &c. Vomiting, with febrile symptoms soon set in, and subsided in the course of three weeks, and in a month his general health was pretty good, and he ate and drank well; still there was no symptom of returning sensibility or motion. This state of things went on for nine months, when hectic fever set in, and he gradually sunk. In this case nature seemed to have made a great effort, and I have thought it a good case for the application of the trephine, which I believe, had it been used when his health was good, would have been successful.

Case II.—John Dudley, aged twenty-nine, a stout, plethoric subject, received his injury in the same way as the subject of the previous case, by a quantity of coals falling upon him whilst at work. His symptoms were paralysis of all the parts below the seat of injury, with tympanitic abdomen, vomiting, &c. Hectic set in soon, and he died in seven weeks from the day of the accident. Had there been any interval warranting the application of the trephine, I should certainly have used it in this case; and I cannot account for the rapidity with which he sunk, compared with Andrews, the only difference being that of a vertebra in the seat of injury. It proves, when there is complete paralysis, the external contusions form no criterion as to the extent of injury the spinal chord has sustained.

Case III.—John Geary, aged thirty-six. In this case the tumefaction was very great, and there was much difficulty in ascertaining what was really the extent of the injuries the spinal column had sustained; but my belief is, that, besides concussion of the spine, there was fracture of the arch of the first lumbar vertebra, as well as of the spinous process. The paralysis was as complete as in any of the former cases, with retention of urine, loss of power of the sphincter ani, &c. I was much pleased, after three weeks' leeching, cupping, &c., to find returning sensibility and motion, and, in five weeks, the power of the sphincter, and he was also able to pass his water. In nine months he was so far recovered as to resume his labor. This case I had pronounced hopeless; indeed, there was apparently less chance of recovery than in either of the others, for, independent of the complete paralysis, the external injuries seemed so much greater, and gave to me the idea of the injury to the spinal chord corresponding in severity.

During my pupilage I visited a man who had had fracture of the lumbar vertebræ four years previously. He had all the usual symptoms, and besides, the skin of the legs and thighs had put on a morbid action, being covered with large, coarse, horny-looking scales, some of them three inches in diameter, most loathsome to look at, and offensive to the smell, and desquamated once in five or six months. He lived seven years from the day of the injury.

OBSERVATIONS AND RESEARCHES
UPON A NEW SOLVENT
FOR STONE IN THE BLADDER.

By Alexander Ure, A.M.

In pursuing some inquiries relative to the treatment of certain forms of urinary disease, my attention was directed to the properties of carbonate of lithia, a substance of which no therapeutic application has been heretofore made. It nevertheless occurs as a constituent of various mineral waters—namely, in those of the Kreuzbrunnen of Marienbad, of Klausen, of the Josephsquelle at Bilin, of the Obersalzbrunnen in Silesia, of Lubien in Galicia, of the Kränchen at Ems, and of the Franzensbrunnen at Eger. The four first named waters have, according to Osann, one of the latest and most complete writers on the subject, been found of service in some unhealthy conditions of the urinary organs.[*]

Carbonate of lithia dissolves in water at the ordinary temperature of 60° Fah., to the amount of one per cent. From its sparing solubility it may be said to form the connecting link between the earths and alkalies. It possesses a faintly alkaline by no means unpleasant taste. No opportunity has yet been afforded me of ascertaining whether it passes through the circulation unchanged, although analogy would lead to the supposition that such was the case. It has a remarkable affinity for uric acid, so much so, that if finely pulverised *lepidolite* (a hard silicious mineral containing three or four per cent. of lithia) be boiled along with uric acid in water, urate of lithia is formed. A fact pointed out by M. Lipowitz, and which has been lately verified by myself.

According to the chemist above mentioned, one part of carbonate of lithia dissolved in water and boiled along with an excess of uric acid, dissolves four parts of the latter, which are held in solution after cooling. Urate of lithia is indeed the most soluble salt which that acid forms. It crystallises by evaporation in the shape of small grains, which require sixty parts of water at the temperature of 122° Fah. to dissolve them. It contains 14·4 per cent. of lithia.[†]

In order to determine the solvent powers of carbonate of lithia with reference to uric acid and its compounds, at the common temperature of the human body, I instituted the following experiments:—

A solution of one grain of carbonate of lithia in an ounce of distilled water was brought to a temperature of 98°, and pure uric acid gradually added in minute portions until it ceased to dissolve. The quantity thus taken up was 2·3 grains. The resulting solution, which remained unchanged the following morning, being saturated with hydrochloric acid, threw down a precipitate of uric acid, amounting to two grains. Now it will be seen, by referring to my paper on the "solvents for calculous concretions," published in the fifth number of the "Pharmaceutical Journal," Vol. I., that one grain of crystals of soda, dissolved in an ounce of water, took up only one grain of uric acid—that one grain of carbonate of potash took up 1·4 grains—one grain of borax 1·2 grains—and four grains of bicarbonate of soda 1·1 grains. Hence, it follows that the solvent power of carbonate of lithia is more than double that of carbonate of soda, nearly double that of carbonate of potash or borax, and about eight times that of bicarbonate of soda, which is the active ingredient of the Vichy water.

A human urinary calculus, now on the table of the society, composed of uric acid with alternate layers of oxalate of lime, having been most accurately poised, after being previously brought to hygrometric repose, by digesting in fresh urine and then carefully dried, was placed in a solution of four grains of carbonate of lithia in an ounce of distilled water, and steadily maintained at a blood-heat by means of a water-bath, during five consecutive hours. On being withdrawn, nicely washed, and again dried as before, it was found to have lost five grains in weight, which is at the rate of one grain an hour. The calculus is deeply eroded in different parts, but the delicate laminæ of oxalate of lime remain intact, imparting to the surface the appearance of deep etching. The menstruum acquired a pale yellow tinge, and there fell down from it on cooling a light flocculent deposit of urate of lithia, in which silky crystalline tufts could be discerned by help of the microscope. It was still alkaline to litmus. Decomposed by means of hydrochloric acid, it yielded nearly three grains of pure uric acid. In another experiment, the remaining half of the same calculus being allowed to stand during four hours in two ounces of the natural Vichy water, from the spring called *Hôpital* (containing three grains and a half of carbonate of soda), was found to have parted with two-tenths of a grain of uric acid; while the former portion of the calculus, placed under precisely similar circumstances, at the same time, in a solution of 1·6 grains of carbonate of lithia to two ounces of distilled water, afforded nine-tenths of a grain of uric acid. Thus is demonstrated the very superior solvent agency of the above feeble lithia solution over the Vichy water.

Half a grain of urate of soda (the ordinary basis of gouty concretions or chalk stones) diffused in an ounce of distilled water at the blood heat, completely dissolved with the addition of one grain of carbonate of lithia, the solution continuing limpid and unaltered; whereas, half a grain of the same urate in a similar quantity of water at a corresponding temperature, rests apparently unchanged, as may be seen in the two phials before you. Urate of soda, as pointed out in my paper on gouty concretions, published in Vol. XXIV. of the Medico-Chirurgical Transactions, is about as insoluble as uric acid.

It deserves notice, that when fresh healthy urine is rendered alkaline by carbonate of lithia, no deposition ensues.

A very large proportion of the stones which occur in the urinary bladder of man, are composed in whole or in part of uric acid. Of all the various menstrua hitherto recommended, none appears to promise more favorably than the carbonate of lithia, from the promptitude and energy with which in dilute solution it attacks calculi of this description. If by means of injection we can reduce a stone at the rate of a grain or more an hour, as the above experiment would lead us to anticipate, we shall not merely diminish the positive bulk of the calculus, but farther loosen its cohesion, disintegrate it, so to speak, causing it to crumble down and be washed away in the stream of urine. Cases may present themselves in which it may be expedient to conjoin the use of the lithontriptor; but only occasionally and at long intervals. It is the frequency of repetition which renders that instrument so hazardous.

It may be presumed, moreover, that the plan of throwing in a weak solution of this kind, would generally exercise a beneficial influence in obviating irritation, by removing the sharp angular points and asperities of the broken fragments, where the practice of crushing is adopted.

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[*] Physikalisch-medicinische Darstellung der bekannten Heilquellen. Berlin, 1839, page 94.

[†] Berzelius, Rapport Annuel. 1843, page 325.

No apprehension need be entertained from the administration of injections, if judiciously directed. Sir Benjamin Brodie found that the bladder bore without inconvenience a stream of fluid composed of two minims and a half of nitric acid for each ounce of distilled water.* An Austrian surgeon has recently introduced vinegar into the bladder, with excellent success, in an instance of phosphatic calculus. M. Lisfranc, the eminent French surgeon, has used in like manner tincture of cantharides for the cure of enuresis; and I myself have thrown a dilute solution of nitrate of silver into the bladder, with the best effect, in cases of chronic catarrh of that viscus.

Nothing has hindered me from trying the carbonate of lithia but its extreme scarcity. I would, therefore, suggest the importance of its preparation to the pharmaceutical chemist. The mineral called *spodumene*, which is found at Killiney, near Dublin, contains, according to Stromeyer's analysis, 5·6 per cent. of lithia. —*Pharmaceutical Journal.*

ACUTE GLANDERS IN THE HUMAN SUBJECT.

Mr. Hamerton has related, in the last number of the "Dublin Journal," three cases of acute glanders occurring in the human subject terminating fatally.

The first case is thus narrated :—

Thomas Plunket, aged sixty-three, July, 1841. He is a farm steward, and has been for the last two months attending upon a glandered horse, using different remedies for the cure of the disease, applying blisters over enlarged maxillary gland, and afterwards dressing them, also injecting astringent lotions up the nostril of the animal. His master, finding the above remedies failing in bringing about a cure of the disease, had the horse shot. He is married, and has a large family; they all live in a small, confined, ill-ventilated cabin. On the 15th of the month I first visited him, and was informed that a week previously he was suddenly attacked with a severe shivering fit of some hours' duration; this was attributed to his standing out all day inspecting the washing of wool. The shivering fit continuing for some hours during the night, his family made for him a warm drink, which threw him into a great heat, and he passed a very restless night without having any sleep. Next morning he got up early to his usual work, and finding himself very ill, with pains and stiffness of his joints and back, also a general soreness over him, also feeling tired and chilly, he was obliged to quit his work, get home, and go to his bed. He particularly complains of the severity of the pain and stiffness of his right wrist extending to the forearm and elbow. The above symptoms continuing unrelieved, and his right wrist and forearm becoming more painful, hot, and swollen, his family sought for my advice, and on inquiry I found that he had been eight days ill. Redness of a dull erysipelatous hue extends from the wrist to the elbow of the right forearm, pitting and painful on pressure; no appearance of redness or swelling about any of the fingers; his face is pale and anxious; he complains of pain in the head, vertigo, and tinnitus aurium; his pulse is 120 and small; his skin is hot and dry; he has had no sleep for the last three nights, and is observed occasionally to rave; bowels constipated, and urine scanty. Eight leeches were applied to the forearm; camphor mixture and carbonate of ammonia, with wine, were ordered to be administered to him during the day.

16. He passed a very restless night, and raves more; his countenance is sharp, pale, and leaden white color; pulse 120; respiration hurried; he has been troubled during the night with a constant cough, and towards morning he commenced expectorating a frothy fluid; redness, swelling, and pain have increased in the forearm since yesterday; pain is also complained of along the inner side of the arm to the axilla. On examining the axilla, slight tumefaction with tenderness is observed; circumscribed patches of redness are observed along the inner side of the arm.

The patient lingered for six days, when death took place, having been proceded by the appearance of pustules on the thigh, back, and right ala nasi; discharge of glutinous matter from the nostrils; diarrhœa, and coma.

Case II.—Patrick Carolan, aged forty-three, March 16, 1842, is a ploughman, of strong plethoric make, and very active; he is married, and has a family; he lives in a small confined cabin in which other persons dwell. One of the horses he drives in his plough is laboring under chronic farcy, for which it has been under treatment and is getting well. The driver's business is to take care of the horse, to clean him, make him up for the night, and he has also undertaken to apply remedies to the open farcy buds and ulcers on the horse, and also to rub in an ointment to promote the growth of hair. In the same locality there is also a glandered horse, with which he has nothing to do, but other persons are about the glandered horse, applying remedies for the cure of it, and have escaped the disease. I was sent for in a hurry to visit him, as he was considered to be laboring under erysipelas of his right leg, which had reached to within two inches of the knee-joint. On my arrival I found a number of persons about him very much alarmed as to his state; the man's own condition, greatly aggravated by the crowded state of the small room he lay in, and the restless anxiety and ill-judged questions put to me by his friends around him. On inquiry I was told that he had been ill since the 8th of March, that his illness commenced in a severe shivering fit, followed by hot and dry skin, severe pain in the loins, lassitude, loss of appetite, thirst, and constipated state of the bowels; he continued in this condition for four or five days, when he was obliged to take to his bed, in consequence of severe pain, stiffness, and swelling of his right ankle. His present condition is the following: he complains of severe pain in his head; giddiness when raised in bed, and very desirous to be laid down again; his face is pale; his tongue is brown in the centre, moist towards the circumference; his pulse 110, and strong; he has had no rest for the last few nights from the pain of his limb; his leg is red, swollen, and painful on pressure; the redness extends from the ankle to within two inches of the knee-joint, there terminating in a defined border; the feeling afforded on examination of the limb is that of a sense of fluctuation, particularly above the outer malleolus, and middle third of the limb; the foot is pale and œdematous, pitting deeply on pressure. The above condition has existed for the last three days; the character of the redness of the limb is that of a dark erysipelatous appearance; he complains of pain, stiffness, and heat of his right wrist, elbow, and shoulder, and also of severe pain along the inner side of the right or affected thigh. At this stage of the disease, and supposing it to be of the nature of spreading erysipelas, I applied a pencil of nitrate of silver immediately above the inflamed border, and above that again a strip of blistering plaster, ordering medicine for the confined state of his bowels, and when they were relieved an antimonial solution was to be taken through the course of the day. The limb to be poulticed and fomented with chamomile and poppy head.

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* London Medical Gazette, June, 1831.

The disease terminated in nine days, the symptoms developed being similar to those observed in the preceding case.

CASE III.—Richard Keegin, aged fifty-six, March 22, 1843; is of a thin, spare habit, unmarried, and a laborer. He has been driving a glandered horse during the entire winter. The horse was the property of a neighbouring farmer, who was anxious to have him cured, as he was rather a valuable one, and had him sent to this man's cabin to have a number of remedies applied to the horse, at the same time allowing him to work him. The persons who were in the habit of applying the remedies, such as lotions to the nose, giving physic, &c., have all escaped. This man's family are wretchedly poor, and live in a small cabin; during his entire illness there has been no change of raiment. The disease commenced eight days ago, in a severe shivering fit; lassitude, loss of appetite, and thirst; pain and stiffness in his right ankle, and general soreness over him; his bowels are confined; tongue white; pulse 80, and full. Ordered him a cathartic bolus, and an aperient mixture.

Died on the sixth day.

In connection with these cases, Mr. Hamerton makes the following observations:—

Fever of six or eight days' duration precedes the eruptive stage of this disease. The patient suffers from severe rigors, headache, irritability of stomach, and thirst, lassitude, oppression of strength, and quick pulse. He also particularly complains of severe pain in his limbs and back, and also of stiffness, and heat of his joints. The disease at this early period might be confounded with acute rheumatism, and that it has so been mistaken and mixed up with it, cases are not wanting to prove the truth of the assertion. In the fever ushering in the acute form of glanders and farcy, the condition of the skin is remarkable; it has a dry, harsh, burning hot feel; in no instance, that I have observed, has there been any appearance of moisture in this first or premonitory stage. The contrary is usually observed in the fever of acute rheumatism, since perspiration is one of the characteristics of both its early and advanced stages. The appearance of the countenance of the patient in acute glanders is also very remarkable, and indicative of serious organic change; his face is pale, anxious, and depressed; his features are sharp and contracted; there is a peculiar uneasiness and despondency in his manner; as the fever advances it lapses into one of a low typhoid type; the pulse is small, quick (in one case 160 in the minute), and undulating; the tongue is dry, brown, and tremulous. Diarrhœa and involuntary evacuations mark this advanced stage; there is also tremor of the limbs and subsultus, besides raving, low delirium, stupor, and coma. At this second, or typhoid stage of the disease, the local characters of glanders and farcy present themselves to our notice; and it appears that the more profound the prostration, so in proportion the different crops and forms of eruption advance to maturity, not simultaneously, but at each day's visit a fresh crop is presented to our view. The arrangement of the different forms of eruption I shall next proceed to state.

First, We have inflamed surfaces, varying in extent from two inches to the entire length of a limb, engaging the deeper structures, œdematous, and having an erysipelatous appearance, presenting elevations in parts, and yielding a boggy, inelastic feel on pressure, terminating in complete sphacelus, and giving out an insupportable fœtor.

Secondly, Superficial and subcutaneous pustules, circular or oval in shape, appearing in great numbers and in succession, becoming fully maturated in a few hours, and containing a serous fluid, beneath a white crust of cuticle, without either surrounding redness or swelling.

Thirdly, Small erythematous patches of redness situated over joints, ending in sphacelus, the point of mortification commencing in the centre of a hardened base; diverging from it in all directions, purplish rings are to be observed.

Fourthly, As an advanced symptom, and appearing towards the close of the disease, a discharge of yellow, tenacious mucus, changing into one of a dark, sanious character, from one or both nostrils; and,

Lastly, Inflammation of the lymphatics and absorbents is observed to be extensively in the vicinity of, and leading from, the gangrenous pustules.

That glanders and farcy are communicated by contagion from the horse, mule, or ass, to man, I have no doubt, and consider the above cases fully warrant such a conclusion; we find the subjects of the above cases constantly about the diseased animals, and that for some time their business was to clean harness, and feed the animals day and night, also in two instances an attempt at a cure was tried in vain, and by the very persons who afterwards fell victims to this baneful disease; and although it does not appear that any abrasion or sore upon the hands was observed, still when the habits of the peasantry are considered, their utter carelessness and want of cleanliness after handling these animals, a portion of the glandered matter might readily find ingress into the system through the nasal mucous membrane; also, very few of the peasantry are free from fissures in the palms of the hands and fingers, by reason of their hard work, and this also might be another mode of the introduction of the virus of glanders into the system. Can this disease be communicated from one individual to another by infection? In the detail of the cases, I have been particular in describing the state of the dwelling in which I found my patients residing—close, ill-ventilated cabins, without light or free circulation of air, with a number of persons residing in them, and the patients themselves continuing in the same clothes throughout the disease—in fact, every circumstance was here present to taint and vitiate the atmosphere around the patient; and still no one, of either friend, relative, or nursetender, sickened of the disease; and when the same state and condition of cabins is considered, which facilitates the spread of disease, both of an infectious and contagious origin, as small-pox, &c., and yet in no instance have any one of the numerous friends and relatives about the patients, laboring under acute glanders, taken the disease. I think it may be so far safely conceded from the above facts, that glanders is not an infectious disease, or likely to be communicated from one person laboring under the disease to another. This opinion is also further confirmed by what occurs in the history of the disease in the horse tribe. The majority of the most celebrated veterinary surgeons of the past and present period have declared it as their opinion, that glanders and farcy are diseases imparted by contagion alone, and that early separation of the diseased animals from the healthy, proper care, and requisite attention to cleanliness, will prevent the spread of the disease in them. Glanders and farcy have been divided into the acute and chronic form. The horses, from which my patients received the contagion of the disease, labored under the latter form, and it will appear from the history of the cases, that all were some time in constant attendance upon the diseased animals, before becoming tainted with the poison of glanders, a circumstance admitting of an explanation, inasmuch as diseases imparted by contagion may be weeks, even months, dormant in the system, before unfolding themselves to our notice. The disease appears to pass through the human system unaltered, or in any way modified in its characters, in fact retaining its baneful and destructive properties, as is proved by the experiment upon the ass; on the second day it became ill; on the fifth it died. Lastly, in the absence of any therapeutic means of curing, or even alleviating, this so formidable and fatal disease, one in which the records of medicine have not furnished a single instance of recovery, and one also in which the physician is unable to afford an interval of ease, or assuage the most frightful agony that human nature is exposed to; with all these facts before us, and in the humiliating reflection of being merely silent lookers on, and all the resources of our art in this disease futile and useless, we should turn our thoughts to preventive measures, and impress upon the attention of the local authorities in our respective districts, the dangerous and fatal consequences likely to ensue, by allowing glandered horses to exist, or be suffered to go at large.

TREATMENT OF RUPTURE OF THE UTERUS.

Where the head of the child presents, and rupture of the uterus takes place, the best plan is, without delay, to deliver with the perforator and crotchet; and to prevent the child, during the operation, from passing through the rent into the peritoneal sac, pressure should be made over the fundus uteri, and the opening made in the head in the most gentle manner. I have seen no case of ruptured uterus in which it was possible to deliver with the forceps, and I am not aware that any case of ruptured uterus has been recorded in which a living child was delivered with the forceps. "Efforts have frequently been made to deliver with the forceps in such cases," says Dr. Collins, "but this instrument is seldom applicable, as the introduction of the blades generally forces the head out of our reach; besides, but little would be thus gained, for the child dies shortly after rupture takes place; the dimensions, too, of the pelvis are in such cases for the most part defective; all which circumstances would seem strongly opposed to this mode of delivery. In three of the thirty-four cases alluded to, attempts were carefully made to deliver with the forceps, but without success." Dr. Burns is of a different opinion. He says the child may live for hours, after rupture of the uterus, if the placenta be not detached, or the hæmorrhage great. If the head have entered the pelvis, and be within reach of the forceps, we must cautiously introduce the blades, taking great care not to press up the head or make it recede. From this hazard, and from observing that in such cases the child is generally dead, it has been advised, by good authorities, to perforate the head; but if we have no other inducement to use the perforator, I should consider that, unless the head be high, the forceps would be as safe in this respect.

If the child has passed entirely from the cavity of the uterus into the peritoneal sac, an attempt should be made without delay to extract it, by introducing the hand into the cavity and through the rent in the uterus, grasping the feet and drawing the child back into the uterus, and delivering as in the common operation of turning.

If a considerable period has elapsed after the accident, and the uterus has contracted so closely that the hand cannot be passed through the orifice and the rent, the best practice would be to leave the case to nature. Some have recommended gastrotomy under these circumstances, but the child is already dead, and the mother could hardly be expected to survive such an operation. But I had nearly forgotten to mention that the Cæsarean section was actually proposed by Cranz where, from the size of the head and dimensions of the pelvis, there were symptoms merely threatening rupture of the uterus, and before rupture had positively taken place; and that he considered it a great honor to have been the first to make this barbarous proposal. "J'aurais encore ici la gloire," he says, "d'avoir proposé le premier l'usage d'un moyen dont personne avant moi n'avoit eu l'idée pour le cas dont il s'agit."

If the fœtus has escaped into the peritoneal cavity, and is allowed to remain there, the patient may recover without gastrotomy, and the fœtus be afterwards discharged through an ulcerated opening in the parietes of the abdomen. It is probable that the greater number of cases recorded by authors in which this event took place were cases of extra-uterine gestation, and that the fœtus had never been within the cavity of the uterus. But in Dr. Cheston's case the fœtus had undoubtedly been within the cavity of the uterus, for he states that, after acute labour pains, symptoms of ruptured uterus took place, and that the presenting part receded. The fœtus remained many years in the abdomen, and became covered with a layer of calcareous matter.—*Dr. Lee in Med. Gaz.*

ON THE

MINERAL WATERS OF TENBURY, WORCESTERSHIRE.

By A. W. Davis, M.D.

The occurence of iodine in some saline springs is not less important in a medical than it is interesting in a geological point of view; but besides iodine, other remedial agents enter into the composition of the Tenbury water so that it possesses what may be termed a medicinal constitution well deserving the attention of the profession. According to the analysis of Dr. Daubeny, a pint of the water contains—

Chloride of sodium . .	89·600 grains.
„ calcium . .	29·900 „
„ iodine . . .	·016 „
„ bromine . .	·425[*] „

So strong a solution of the chloride of calcium with iodine would naturally lead us to expect that the water would exert a very considerable influence over the lymphatics, and be beneficial in diseases of that system; and such is the case, as I find from the testimony of several medical friends, as well as from my own observation.

Since the analysis before stated was made, another spring has been discovered, which contains still stronger solution of the chlorides, so that a gallon of the water yields, by evaporation, upwards of six ounces of saline crystals, but of this water no exact analysis has yet been made. Its external use, however, as a warm bath, has already proved strikingly beneficial in several obstinate varieties of cutaneous disease.

Presteign, July 31, 1843.

NEW ASTRINGENT PRINCIPLE OF RHATANY.

By digesting rhatany root in sulphuric æther, a brown extract is obtained, which is perfectly soluble in distilled water, and causes a powerful sensation of astringency, followed by heat and dryness, when placed on the tongue. This extract, invented by M. Tissier, of Lyons, has been employed with success in that city in passive hæmorrhages, particularly those consequent on non-contraction of the uterus, occurring after prolonged labors and miscarriages. It has also been used with advantage for leucorrhœa, blenorrhœa, gleet, &c. The dose in which it has hitherto been employed, is a tablespoonful of a mixture composed of from five to ten grains of the extract in six ounces of some appropriate vehicle. In leucorrhœa, topical injections are recommended of from two to five grains of the extract in a pint of barley-water. The presence of this preparation in the stomach gives rise generally to a sensation of heat in the epigastrium, though this rarely proceeds so far as to become painful; great thirst, and a pulse often as full as in gastritis, also prevail. These symptoms are, however, transient, and rapidly quelled by lemonade, or other mild drinks. Should the injection irritate the urethra too greatly, it is only necessary to suspend its use for a short time.—*Gaz. des Hôpitaux.*

UNIVERSITY OF LONDON.

BACHELOR OF MEDICINE.—PASS EXAMINATION, 1843.

Monday, Aug. 7.—Morning, 10 *to* 1.

ANATOMY AND PHYSIOLOGY.

Examiners, Mr. Kiernan and Professor Sharpey.

1. A vertical section of the skull being made in the median plane, and in the dry state, and the septum nasi being removed, describe the parts brought into view. Commence the answer by enumerating the bones divided in the section, and proceed with the description in the following order, mentioning the processes, depressions, and foramina:—1st, the inner surface of the cranium; 2nd, the roof, floor, and outer wall of the nasal cavity; 3rd, the roof of the mouth and the inner surface of the inferior maxillary bone. The attachments of muscles not required.

2. Commencing the dissection at the integuments, and proceeding with it as far as the outer surface of the internal pterygoid and the styloid muscles, describe the parts successively exposed in dissecting the space bounded above by the zygoma, below by the base of the inferior maxilla, in front by the anterior margin of the masseter, and behind by the meatus auditorius, mastoid process, and upper part of the sterno-cleido-mastoideus.

3. Give the anatomy of the external circumflex artery of the thigh; state the steps of the dissection required to display it in its entire course, and describe the parts exposed in the dissection.

4. Describe the soft parts met with in dissecting the anterior and outer region of the leg, and the dorsum of the foot.

5. Give a description of the duodenum, comprehending its form, situation, connections, and structure, its vessels and nerves, Brunner's glands, and the mode of opening of the biliary and pancreatic ducts.

Afternoon, 3 *to* 6.

1. The vertebral column and the rami of the lower jaw being removed, describe the external surface of the pharynx, the attachments of its muscles, and the course of their fibres; and the muscles of the soft palate as far as they can be seen in this stage of the dissection. The pharynx being opened from behind, describe the parts then brought into view; the description to include that of the posterior nares, the soft palate, its arches and muscles, isthmus faucium, the dorsum of the tongue, its glands and papillæ, the epiglottis and its folds, and the superior aperture of the larynx.

2. Give the dissection required to expose the internal pudic artery and its branches, after it has turned round the spinous process of the ischium, commencing the dissection in the perineum, and describing the parts which successively appear in the progress of it.

3. Commencing the dissection at the inner surface of the lower portion of the anterior superior spinous process of the ilium to the mesial line, and dissecting from above downwards, and from the peritoneum to the integuments, describe the parts successively exposed, particularly with reference to the inguinal canal, its contents and boundaries.

4. Give the structure and chemical composition of muscular tissue, the arrangement of its nerves and

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[*] Mr. West, of Leeds, analysed the water on the spot with the same results.

blood-vessels, and the difference in structure between voluntary and involuntary muscles.

5. By what mechanism is air introduced into and expelled from the lungs in respiration? Enumerate the muscles which are constantly, and those which are only occasionally, employed in inspiration and expiration.

Tuesday, August 8.—*Morning*, 10 *to* 1.

CHEMISTRY.

Examiner, Professor Daniell.

1. A saline powder will be placed before you, with a blow-pipe, lamp, and charcoal: test the powder, state its composition, and describe the phenomena which it presents by the application of the flame, and explain their causes.

2. A saline solution will be placed before you marked A, with appropriate tests: explain the changes which will take place upon their application, and name the acid and base of which the salt has been composed.

3. What was the great fault of the thermometer as originally constructed by the Italian philosophers at the beginning of the seventeenth century? and how was it corrected by Sir Isaac Newton?

4. Describe the processes by which uniformity of temperature is brought about in a system of bodies originally of different temperatures, and the principal circumstances which influence each.

5. Describe and explain the principal phenomena of electric induction.

6. What were the respective shares of Galvani and Volta in the discovery of galvanism or voltaic electricity? Describe and explain the fundamental experiments of each.

7. What are the principal advantages which the science of chemistry has derived from the establishment of Dalton's atomic theory?

8. How may the presence of nitrogen be detected, and its amount be ascertained in an organic compound?

9. What is phosphorus? State it principal physical properties, its equivalent number, and describe its combinations with oxygen.

Afternoon, 3 *to* 6.

MATERIA MEDICA AND PHARMACY.

Examiner, Dr. Pereira.

1. Describe the method of preparing the *antimonii potassio tartras* according to the London Pharmacopœia, and explain the chemical changes which attend the process. State the composition, effects, uses, and doses of this salt, and also the tests by which its presence may be recognised.

2. Give the botanical characters of *aconitum napellus*. Mention the peculiarities of its action on the system; name the diseases for which it is especially adapted; and state the best mode of using it externally as well as internally.

3. How would you distinguish *liquor sodæ effervescens*, Ph. L., from mere carbonic acid water? With what metal is the soda water of the shops frequently contaminated, and how would you detect the impurity?

4. What are the appropriate doses, for an adult, of the following substances:—Benzoic acid, sal ammoniac, trisnitrate of bismuth, biniodide of mercury, and bromide of potassium?

5. How would you detect the adulteration of balsam of copaiba with castor oil?

6. Enumerate the principal cathartics. In how many groups or orders may they be conveniently arranged? What are the peculiar effects and uses of each group?

Afternoon, 3 *to* 6.

STRUCTURAL AND PHYSIOLOGICAL BOTANY.

Examiner, Professor Henslow.

1. Compare a campanulate with a rotate corolla: and a corymbiform with an umbellate inflorescence. Illustrate your comparison by a slight sketch of each.

2. Whence does the arillus originate? Name two good examples of plants of different families in which it occurs.

3. How do you explain the formation of central and parietal placentæ? Name an example of each.

4. What is the nature of vegetable albumen? Is it found in the seeds of ranunculus, pisum, sinapis, primula, and geranium?

5. What is a stipule? Are the plants in rosaceæ, leguminosæ, cruciferæ, generally stipulate or not?

6. How is the genus cuscuta supplied with nourishment? What peculiarity is observable in the structure of its embryo?

7. What are "adventitious buds;" and how do you suppose they have originated?

8, 9, 10. Describe these specimens.

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. Cullen, M.D.

July, 1843.

Mean of External Thermometer at 9, a.m.	62·03
„ „ „ at 9, p.m.	58·12
Maxima	68·60
Minima	51·92
Mean daily Range	16·24
Extreme Highest on the 11th	73·50
„ Lowest on the 8th	41·
„ Range	32·50
Mean Dew Point at 9, a.m.	56·85
„ „ at 9, p.m.	53·70
Mean of Barometer at 9, a.m.	29·992
„ „ at 9, p.m.	30·012
Extreme Highest on the 17th	30·400
„ Lowest on the 23rd	29·650
„ Range	0·750
Number of Days Fine	14
„ „ Dull	3
„ „ on which any Rain fell	14
Quantity of Rain in Inches	1·740

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
—	—	—	1	5	9	2	14

REMARKS.

Thunder was heard faintly on the 5th and 13th. On the evening of the 7th a brilliant rainbow was seen. The days marked rainy were not "wet," but variable, or else wet till nine or ten, a.m., and fine for the rest of the day.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, August 11, 1843.

A. W. Grange, E. Pemberton, W. Clegg, F. Smith, D. Corbett, R. Oxley, J. H. Wise, G. Buckell, J. Hunt, J. Skelton.

TO CORRESPONDENTS.

S. P.—There are two inspectors of anatomy, Mr. John Bacot, 4, Portugal-street, Grosvenor-square, and Mr. Rutherford Alcock, 21, Bolton-street, Piccadilly.

Papers and communications have been received from *Mr. Addison*, Malvern; *Mr. Procter*, York; *Mr. Rose*, sen., High Wycombe; *Mr. Morris*, Spalding; *Mr. Casson*, Bradford; *Mr. Snowden*, Hull; and *Dr. Oke*, Southampton.

ERRATA.

In last Number, page 399, col. 1, line 20, insert a comma after eczema; page 400, col. 1, line 40, for "urethritis," read *uteritis;* page 401, col. 2, line 59, for "scarified," read *sacrificed;* page 402, col. 2, line 59, for "Sahel," read *Sichel;* page 409, col. 1, line 7, for "diseases," read *disease;* page 417, col. 2, line 37, for "vault," read *vult.* At page 407, the address of Mr. John Fletcher is erroneously given. It should have been *Shiffnal, Salop*, instead of Sheffield.

AN ESTABLISHED MEDICAL PRACTICE on the Eastern Coast is to be DISPOSED OF. The sum required is £300.

Apply to F. Slater, Esq., 23, Great Tower-street.

ELASTIC KNEE-CAPS, LEGGINGS, &c.—POPE and PLANTE, Manufacturers of Hosiery and of the Elastic Gaiters, 4, Waterloo-place, Pall-mall, have introduced an article for Varicose Veins, Weakness, &c., of an uniform and permanent elasticity, and of powerful compression, in order to supersede the use of laced and other stockings, &c., with far greater convenience of application, and more certain efficiency in its employment. It has been pronounced by many eminent Practitioners a most valuable invention.

TO BE LET, a House situated in the most populous part of a Midland County, suitable for the residence of, and at present occupied by, a Medical Man. From there being good Union and small respectable Practice with two clubs attached, it is a very eligible offer to any man commencing Practice. No premium expected, but the successor to take to fixtures at valuation. Possession to be given in one month. The present occupier has a lease of the premises, which are in full repair. Rent moderate.

Apply, W. P., 356, Strand.

DR. MARTIN H. LYNCH'S NEW VAPOR BATH.

C. J. MORRIS, IRONMONGER and MANUFACTURER of WARM VAPOR and SHOWER BATHS, begs leave respectfully to inform Gentlemen of the Medical Profession, and especially the Members of the Provincial Medical and Surgical Association, that he is now prepared to forward the above useful and simple Apparatus in Copper and Tin, including Dr. Lynch's recently invented *Diffuser*, by which the foot-bath is dispensed with, the entire supply of vapor being conveyed through the Diffuser, which forms a footstool, and by means of which the great desideratum in such baths is completely achieved—namely, the production of perspiration in the feet as profuse as in the neck and chest.

PRICES FOR CASH:	£	*s.*	*d.*
Strong Tin Boiler and Pipes, with Stand and Lamp, Diffuser, and Packing-case . .	0	17	0
Copper Boiler and Pipes, with Stand and Lamp, Diffuser, and Box, with Lock, &c.	1	10	0
Fine Canvas Cloak	1	0	0
Portable Stool, with Eight Shifting Legs and Hoop, Brass Fastenings, and Thumb Screws, &c.	0	18	6

WESTMINSTER HOSPITAL.—SESSION 1843-4.

The Lectures will commence on October 3, when the Introductory Address will be delivered by Dr. Kingston.

Anatomy and Physiology—Dr. Hunter.

Descriptive and Surgical Anatomy—Dr. Hunter and Mr. Pennell.

Chemistry—Harman Lewis, M.A., Trin. Coll. Cam.

Materia Medica—Dr. Basham.

Principles and Practice of Medicine—Dr. Hamilton Roe and Dr. Kingston.

Principles and Practice of Surgery—Benjamin Phillips, F.R.S.

Midwifery, and Diseases of Women and Children—Dr. Andrews.

Medical Physics—C. Brooke, M.B., Cantab.

Forensic Medicine—Dr. Frederic Bird, and W. Hodges, Esq., Barrister-at-Law.

Botany—Dr. Basham and Dr. Frederic Bird.

Practical Midwifery—Dr. Andrews.

Comparative Anatomy—Dr. Hunter.

A Course of Lectures, illustrative of some of the more important points in Surgery, by G. J. Guthrie, F.R.S.

CLINICAL LECTURES ON

Medical, Surgical, and Obstetric Cases, are delivered throughout both Sessions, by Dr. Hamilton Roe, Dr. Kingston, Dr. Basham, Mr. White, Mr. Lynn, Mr. Hale Thomson, Dr. Andrews, and Dr. Frederic Bird.

⁂ Perpetual Pupils of the School are eligible as Candidates for the offices of Resident House Surgeon, and of Resident Clinical Assistant to the Hospital, with Board and Apartments free of all expense; as also for the offices of Assistant House Surgeon and Clinical Clerk. Pupils of the Hospital, and not of the School, are also eligible as Candidates, but their election is subject to the payment of Eighty Guineas for the office of House Surgeon, and Forty Guineas for that of Clinical Assistant.

In addition to the Prizes given in the respective Classes, others will be awarded by Mr. White and Mr. Guthrie.

COMMUNICATIONS, JOURNALS, AND BOOKS FOR REVIEW, TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION, TO DR. STREETEN, WORCESTER.

Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by Henry Renshaw, at his residence, No. 356, Strand.—Saturday, August 19, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 152.] LONDON, SATURDAY, AUGUST 26, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES ON VENEREAL AFFECTIONS DELIVERED AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

Translated and arranged by Daniel M'Carthy, Esq., Interne of the Hospitals of Paris.

LECTURE XII.

June 13, 1843.

Part II.—Syphilitic Affections.

Action of syphilitic poison — Primary symptoms — Propagation of primary symptoms—Question of incubation — Chancres by inoculation—Forms of chancre; phagadenic, dipthertic, gangrenous — Causes producing distinctive forms.

Gentlemen,—The action of syphilitic poison may be immediate or " primary;" or it may follow at a later period, when it is called " constitutional."

The immediate or primary results of the cause are characterised by the circumstance of their furnishing *inoculable* matter, and by their inability of being transmitted in any manner but by contagion.

Primary symptoms I call *direct*, when they occur in the very spot where contact with inoculable matter previously took place; such is chancre, the true primary symptom, the constant and necessary origin of all the forms of syphilis, without any exception.

I call *successive* (*accidents successifs*) those symptoms which originate in the former and are produced by the contact with or the absorption by the lymphatics of their secretion. Such, for instance, is an accidental inoculation in the vicinity of a chancre—such is a bubo, caused by the absorption of chancrous pus into the lymphatics, and producing inflammation and suppuration of the first ganglion on its passage.

The syphilitic virus may, after producing its primary effects, invade the whole system, and "constitutional" lues is the result. Here, again, we find two groups—viz., the *secondary* and *tertiary* symptoms.

In neither can inoculation succeed. The first group, or *secondary symptoms*, is observed on the *skin* and *mucous* membranes. The tertiary, on the contrary, occupy the *cellular*, *fibrous*, or *bony* structures of the human body.

We must also add that secondary symptoms are transmissible in hereditary descent, whereas parents affected with tertiary syphilis do not hand down to their offspring the disease in any of its ordinary forms, but only a marked tendency to scrofula. Is it to this cause we are to attribute the gradual but rapid increase of scrofulous affections in all civilised countries?

Propagation and Progress of Primary Sores.

When by artificial inoculation a particle of inoculable matter is introduced under the epidermis, the first phenomena which appear depend on mere local irritation, and might be the result of the excitement of the dermis from any stimulus whatever. The punctured spot becomes in a few hours red, and slightly sensitive; but after these first symptoms, in which nothing specific is manifest, a tumefied papule forms, and is shortly followed by the appearance of a vesicle at its point. The contents of the vesicle become opaline and purulent, and a true pustule is developed, similar in all respects to a pustule of ecthyma, and presenting occasionally an umbilicated depression in its centre. All these various periods scarcely require three days for their complete evolution; if the pustule is not arrested in its future progress, its size increases considerably, and large bullæ may be obtained. Around the pustule may be noticed an inflammatory areola, of a dark red hue, extending at most two or three lines from the pustule, which breaks naturally. Its secretion rapidly dries up, forming a stratified crust. Should the pustule be opened with a stiletto or a conductor, underneath will be found a small circular ulcer, seldom exceeding a line in diameter, perforating the skin completely, down to the cellular structure, and constantly presenting a greyish fundus covered with adhesive plastic lymph, which likewise extends to the inner face of its sharp edges.

The first circumstance which strikes the surgeon in the mechanism of the above phenomena is the total absence of anything like incubation. From the moment the pus is introduced the morbid action begins without interval, and proceeds without interruption, until it is completed. The only reasonable explanation which can be given of the common error on this subject is, that patients perceive the chancre, in general, only when it is formed, and consequently assert that a week, or more, has elapsed between sexual intercourse and the first appearance of the sore—i. e., before it has been noticed; but to all reflecting minds it must appear evident that the incipient stage of a sore is not *ulceration*, but that any sore, no matter what may have been its origin or its nature, has arisen from the breaking of a pre-existing pustule.. Why, then, we will ask, should chancre alone of all sores escape this common law?

In one instance, indeed, error might be easy, and incubation admitted with some appearance of reason. Inoculable matter deposited upon tissues which have neither been excoriated or wounded, and which are covered with a thick epithelium, may remain in contact with them for several days without causing the specific sore to appear; the fact is readily accounted for. The pus first acts as a common irritant; an excoriation is formed, and the poison remaining in apposition with the unprotected dermis, then only produces its constant effects.

The further progress of the ulcer is acute, subacute, or chronic.

Two distinct periods may be noticed in the sore.

The first, during which it retains its inoculable properties, and has no tendency to cicatrisation. In the second, the chancre ceases to be inoculable, granulates, and heals.

During the first period the ulcer is covered with a yellowish layer of adhesive lymph. The surrounding areola assumes the purple color mentioned by Hunter, and the chancre, retaining always its character of inoculability, may be modified by the constitution of the patient so as to assume the indurated form, or a gangrenous, or again, a phagædenic nature. The ulcer then remains stationary for some time.

This *specific period* has no absolute limits of duration. I have seen one last for seven years, and still inoculate by accident on the patient's finger at the end of that time. The usual duration is, however, from one to two or three months.

The second period of chancre is that in which its specific nature being neutralised, its inoculation is no longer possible. Its yellow color is replaced by a pink hue, and its plastic exudations by granulations. The areola gradually disappears, and the sore has, like simple ulcers, no other tendency but to heal. The cicatrix, in general, proceeds from the circumference to the centre, or by insulated spots of desiccation.

In some cases the cicatrix persists; in others it disappears altogether, leaving no trace whatever of the previous chancre.

Such, Gentlemen, is from beginning to end the history of the inoculated sore. You will find that it is in all respects similar to that which is the result of impure sexual intercourse.

I have now given you a rough sketch of the history of the inoculated chancre. It is the prototype of that sore which most commonly results from sexual intercourse; but that sketch would be most incomplete if I did not mention immediately afterwards those deviations from the original form which various circumstances may produce, and which, influencing, either the first appearances, the ulterior progress, or the cicatrisation of chancre, have caused in science considerable confusion and a degree of obscurity, to be dispelled only by long continued and serious observation.

Deviations from the Common Incipient Stages of Chancre.

The incipient stage, the first appearance of chancre, is, in my opinion, commonly a pustule. This assertion has met with a decided negative from M. Gibert, who admits it only in cases of artificial inoculation. We need only mention here the dangerous tendencies of such a doctrine, in consequense of which a patient presenting a pustule on the genitals would, from this single circumstance, be pronounced by M. Gibert (if consistent with himself) not affected with chancre, a diagnosis to which the subsequent progress of the disease might in many instances oppose a flat contradiction. Cases of this kind I hope I shall, ere long, have many opportunities of showing you in the wards. But a pustule is not in every instance the first manifestation of chancre. I have occasionally seen chancre originate in an abscess, and you may witness illustrations of the assertion whenever the virulent pus, passing from an ulcer to the neighbouring cellular tissue, produces there an excitement which inevitably terminates in circumscribed suppuration. The pus is evacuated with the lancet, or the abscess naturally bursts, and the sore, consequent upon such opening, offers all the characteristics of true chancre.

In most chancres observed in the hospital another origin exists. The ulcer begins by a tear or a wound of the genitals, produced during coitus, and inoculated on the spot.

Deviations during the Progress of Chancre.

A wound of the same extent, made with the same instrument, and on the same tissues, will, on different patients assume different aspects—in one becoming gangrenous, suppurating abundantly in a second, whilst it heals kindly in a third. The same remark applies perfectly to chancre—hence its several varieties.

1. *Superficial Chancre.*—The inoculable matter generally destroys the skin or mucous membranes with which it is placed in contact. It may, and does, however, occasionally happen that an *erosion*, "presenting *none* of the Hunterian appearances," differing in no one character from superficial erosions, secretes inoculable pus, and is a real chancre, thus explaining without difficulty those rare instances which have been mentioned of secondary syphilis consequent upon external gonorrhœa, or blenorrhoid discharges.

2. *Phagadenic Chancre.*—The expression "phagadenic" may, to a certain extent, be applied to all ulcers whatever; the denomination is, however, limited to those sores, which, in consequence of a general predisposition, seem to have no other tendency but to increase their surface beyond the degree of ulceration warranted by the amount of original local damage.

Phagadenic primary ulcer usually increases in all directions, without losing its circular shape. Several sores may unite to form a large one.

A. *Phagadenic and Gangrenous.* — Phagadenic chancre may become gangrenous from the excessive degree of local inflammation. It is known under the denomination of "black slough" in England, where it appears more common than in France, a circumstance to which I would call the attention of temperance societies, as it is perhaps due to the introduction of French wines and spirits.

Seriously, habitual intemperance, more particularly in elderly people, exposes them to phagadenic chancre in a striking manner. Also great heat and dressings of an irritant nature. In a great many instances mercurial ointment, the very worst of local applications to a chancre, seems to have caused it.

The progress of the ulcer is very rapid, and the destruction of the part on which gangrene has settled inevitable. More or less deformity must, therefore, follow its cicatrisation; but this complication is more than redeemed by this fact, that gangrene neutralises the virus, and the patients are hardly ever affected after it with constitutional syphilis.

B. *Phagadenic and Diphtheritic.*—This is the most severe of all the forms of primary ulcers; I have seen it last for seven years without interruption. We have at the present moment three cases in the wards, which have lasted nine, ten, and eighteen months. The sore is characterised by a pultaceous secretion of adhesive lymph, which either covers the whole surface or is diffused over it in islets. The fundus is often oedematous; the edges raised, irregular, jagged, and serrated. A purple areola spreads over the adjoining skin, and the sore increased in size by the successive ulceration of depending parts. The pain is great and the ulcer very irritable. Secondary symptoms follow rarely this variety of chancre, but from its gradual draughts upon the system the constitution is soon impoverished and the patient frequently sinks under colliquative diarrhœa, due to extensive ulceration of the colon. The causes which most contribute to produce this form of phagadena are youth, a lymphatic temperament, the depressing influence of cold and damp weather, also damp houses, bad food, or pre-existing organic disease, and a bad state of the digestive organs. I have observed that the antiplastic action of mercurials has a very great influence on its production. It is more common in women than in men.

The progress is sometimes slow, but the sore may put on various aspects, in consequence of the particular state of the constitution. In scrofulous patients the ulcer is longer stationary, and the complication of tubercular disease of the lungs is far from uncommon. In herpetic subjects the skin of the whole body is irritable, and particularly so in the neighbourhood of the chancre where herpes and eczema frequently appear.

Scorbutic subjects present at the same time hæmorrhagic stains of the skin or the gums, and the sore itself bleeds very freely, presenting at the same time a dark brown or even black color. In those patients, ulcers of the large intestine are decidedly the most formidable complication, and I am inclined to believe that many of those intestinal erosions have their origin in a hæmorrhagic state of the submucous cellular tissue of the intestine, leading to softening, and terminated by erosion.

The sore may also put on the cancerous appearance, when the base will become hard, the lancinating pains appear, the peculiar aspect of scirrhous encephloid tumors shew itself, and the other signs of a cancerous diathesis become manifest.

PRACTICAL REMARKS

UPON

INJURIES TO THE IRIS,

AND ON ARTIFICIAL PUPIL.

By J. B. Estlin, F. L. S.

Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, held at Leeds, August 3, 1843.

TO DR. STREETEN, ONE OF THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

My Dear Sir,—The paper read at the late meeting, at Leeds, upon "Injuries to the Iris," &c., was intended for a *vivâ voce* communication, and is scarcely in a form appropriate to the pages of the Journal; still, as you were present at the reading of the "Remarks," and think they may interest some of our members who were not at Leeds, I cannot but cheerfully comply with your request to forward the copy to you for publication.

I am,
Yours faithfully,
J. B. Estlin.

Bristol, August 12, 1843.

From the multitude of books that issue every year from the medical press, and especially from the number and variety of periodicals devoted to medical literature, that are now in existence, it would be reasonable to infer that the profession had access to every valuable fact and theory that existed in the experience or the minds of the practitioners of our art; but I believe such a conclusion would be very deficient in truth. I am inclined to the opinion that we could well afford to substitute for much of our written law the oral traditions of our older practitioners, would they but allow their stores of information to be opened to us.

I can never look upon a collected number of medical men who have been in practice from ten to twenty years, without thinking what a mass of valuable knowledge exists among them, quite inaccessible to the most industrious student, with an unlimited range of medical libraries, and certain of going out of the world with its possessors! There is no individual among us who could not impart some useful facts and observations to his brethren, and in bearing my own portion of blameworthiness for not having communicated more freely of the little I may possess, I must share in the reasonable grounds of exculpation to be found in the full engagement of time during an active career of medical practice; a fear of appearing before the public unworthily—a shrinking from the chance of being numbered among those who contribute more words than ideas to the various repositories of science, and, perhaps, sometimes a too unfavorable appreciation of the value of what he may have the power of communicating.

These remarks have naturally arisen from reflecting upon such meetings as those of this Association, and are by no means intended as introductory to anything of importance that I have now to offer, but, as our meetings are very favorable opportunities for bringing forward practical remarks of too limited and too insignificant a kind to be deserving of a more durable medium of record, I am induced on the present occasion to request the attention of the members to a few practical observations upon injuries to the iris and artificial pupil.

Thirty years of experience in rather an extensive field of observation have strongly impressed upon my mind the remarkable power of the iris to bear injuries without destructive inflammation to that membrane, or to other textures of the eye. The highly vascular and nervous structure of the iris would lead to the expectation, *à priori*, that no injury could be inflicted upon it without giving rise to serious and disorganising inflammation, but I have seen almost every possible kind of violence done to it with no more important consequence than such as the direct mechanical injury, produced at the moment of the accident, has occasioned. These accidents consist of lacerations of this membrane, cuts, punctures, separation from its attachments, together with protrusion through wounds of the cornea and sclerotica, and through openings occasioned by perforating ulcers of the cornea, in nearly all of which herniæ of the iris, the prolapsed portion becomes united to the wounded part.

As a type of the sort of injury the iris will meet with without becoming seriously inflamed, I will state the following:—

A young man, while turning iron, was struck on the right eye by a portion of the metal detached with violence from the lathe. The cornea was cut about the fifth of an inch in extent near the sclerotica, towards the outer canthus. The iris was lacerated, and some of it hung out of the wound. I removed the separated portion, which, when spread out, proved to be nearly half the iris. The patient walked to the dispensary, and continued to attend regularly as an out-patient. No inflammation supervened, the wound healed favorably, and his sight, though injured, was not destroyed, the lens not having been rendered opaque.

It is, however, solely for the purpose of making some practical remarks in reference to operations upon the iris, that I am desirous of drawing attention to the degree of injury this membrane is capable of sustaining, without the occurrence of serious inflammation.

In the extraction of the cataract, the greatest caution is exercised, ordinarily, by operation to avoid wounding the iris, and an insufficient section of the cornea has often been the consequence of extreme carefulness on this point. Mr. Guthrie has endeavoured to mitigate the apprehensions of surgeons with respect to the ill effects of such accidents, and advises that a portion of the iris should be incised by the knife while passing through the anterior chamber, if the tendency of the iris to fold over the knife cannot be prevented but by withdrawing the instrument.

My own experience leads me to similar conclusions; simply incised wounds of the iris, or those where a small portion has been unavoidably cut off, I have never found to lengthen the period of recovery, to give rise to iritis, or to produce subsequent inconvenience.

It has lately occurred to me in extracting an opaque lens from the right eye by the section of the upper half of the cornea, to have had much difficulty in removing the lens, partly, probably, from an insufficient section (the inner laminæ of the cornea having been less freely divided than the external ones), and partly, I imagine, from an adhesion of the capsule of the lens to the iris, for the pupil never freely dilated upon the application of belladonna, which I always employ previously to the operation of extraction. It was necessary to draw out the lens by forceps, and though care was taken not to include the iris within the forceps, a part of it followed the extraction of the cataract, and remained like a fine colored shred upon the globe of the eye. I removed this lacerated and detached portion with scissors, and perceiving, on examining the eye, that a separated band of iris was remaining in the anterior chamber, exactly in the axis of the natural pupil, I drew it out from the eye, so that, altogether, about one half of the iris was lost. The want of an accurate adjustment of the edges of the divided cornea from projection of a portion of the lacerated iris, and also probably of hyaloid membrane (as some vitreous humor escaped during this operation), caused a slow recovery, which was still farther prolonged by the additional irritation arising from an inversion of the lower tarsus which supervened; still (and this is the particular point to which I wish to direct attention), the injury to the iris has not been followed by any serious consequence; the remaining portion has been unattacked by inflammation, and though the eye is not likely to turn out a good one, useful vision is daily advancing.

In the protrusions of the iris which take place after the extraction of the cataract, and keep the divided cornea from uniting, I have found the practice safe and effectual to cut off the prominent portion.

When such protrusions occur in consequence of accidental wounds of the cornea, or when that tunic has been perforated by ulceration, the natural process of cure is, for lymph to be thrown out upon the surface of the exposed iris, and for a new membranous covering to form, approaching, after a time, to the hardness of cornea; the prolapsed portion gradually diminishes, the spot, where the opening was, becomes opaque, the iris adhering to it and occasioning distortion of the pupil. This process, however, is often very tedious when left to nature, and much inconvenience is experienced by the long continued weakness of the eye. In such cases the prolapsed iris, forming a little bag filled by the aqueous humor behind, acts as a mechanical obstacle to the healing of the cornea, and much suffering is spared the patient, and much progress in the cure effected, by puncturing the protruded iris with a cataract needle, or snipping it off with scissors; in either operation there is an immediate escape of the aqueous humor, the iris falls back within the wound of the cornea, and the hernia seldom recurs. I have never found any inflammation to follow this mode of proceeding.

The liberties that may be taken with the iris is a matter of great importance, with reference to the operations for artificial pupil. I am inclined to believe that many persons with extensive opacities on the cornea, especially in cases where suppurative ophthalmia has pre-existed, are condemned to perpetual blindness, to whom a valuable degree of vision might be given by the removal of the iris opposite any clear portion of cornea that may be left. In every case of the kind, where there is no useful sight, if any of the cornea is clear, and the eye be otherwise healthy, the operation ought to be tried; and I have been surprised to find with how small a portion of cornea remaining transparent, a person may have a degree of vision to some extent useful, and, in a great degree, a source of comfort to him. And in such cases I prefer the operation of tearing away a portion of the iris, and cutting it off. A small section is made in the cornea near to the clear portion, the iris drawn out with a hook or forceps, and as much cut off as is practicable. Care will be necessary in this operation to avoid injuring the crystalline capsule.

The following case will serve as an example of this operation:—

William Whitchurch, aged twenty, boatman. Both eyes were attacked with gonorrhœal ophthalmia. The right cornea had sloughed before he applied for assistance; the left was deeply ulcerated, but, by long-continued treatment, perforation of the anterior chamber was prevented, and, on the termination of all inflammatory symptoms, the right eye had sunk, and the left cornea had a large opacity in its centre, leaving a small skin clear near to its union with the sclerotica. The upper border of the pupil could be faintly distinguished through the opacity, but belladonna did not dilate it materially. He saw light, and had just the power of following a person about, but was unable to guide himself. He was so urgent with me to have some attempt made to procure him a little sight, that I made an opening into the anterior chamber on the temporal side of the cornea, passed a hook that was blunt, to avoid scratching the capsule of the lens, into the pupil, and dragged out as much of the iris as I could, and cut it off. The part removed proved to be a considerable segment of the iris, with a portion of the pupillary aperture. He walked to my house to have the operation performed, and walked back to his lodgings afterwards. No inflammation followed, and the sight he now has is so useful, that he is able to afford assistance in the passage-boat crossing the river Severn, near Bristol, and is capable of engaging in many little employments, not requiring acute sight, that help him to procure a livelihood.

These observations refer to wounds of the iris, such as cuts, punctures, and lacerations; contusions of that delicate membrane, and long-continued pressure behind it, as from a displaced lens, or from a portion of the lens, or any more foreign body in the anterior chamber, are usually followed by inflammation of the iris; and in cases of extraction, where the cataract has been forced out through an insufficient corneal section, the iritic attack that too commonly follows depends probably upon the injurious pressure made upon the iris.

I have remarked a circumstance of a very curious nature in reference to the pupil in cases where this aperture can be of little use if it exist in its customary position, near the centre of the iris. The fact has been presented to me under so many different forms, that I can have no doubt upon the subject, though I have not seen any intimation of the kind in writers on ophthalmic surgery. I am, therefore, desirous of suggesting the point to the attention of those medical men especially who have peculiar facilities of observing diseases of the eyes.

What I refer to is, *the efforts of Nature to form a pupil at that point of the eye where it will be most useful.* In examining eyes where central opacities of the cornea existed, I have been repeatedly struck with the appearance of the pupil, which I have observed to be of a long, narrow shape, as if the longitudinal fibres of the iris had been split for the purpose of producing an aperture exactly opposite the clear portion of cornea, so as to be in the most suitable part for distinct vision. I was inclined to attribute this to some accidental circumstance; and when it existed in persons in whom the opacity of the cornea was occasioned by external injury, I supposed it to depend upon the fortunate coincidence of a wound on that part of the iris at the time when the original injury was inflicted. But having remarked, with much interest, in operations for artificial pupil, that an aperture in the iris, made at some little distance from the clearest portion of cornea, will in time extend itself, so as to be exactly in the position I at first designed and wished it to be, I can have no doubt that occasionally, in other cases of opacity from disease, Nature endeavours to remedy the evil by a similar effort. I am so satisfied of this fact, as regards operations, as to have no hesitation in declaring it, under the hope that others may be able to verify it by their own observations.

The only further intrusion I mean to make upon the time of the meeting is to describe a mode of making an artificial pupil, which I have been in the habit of practising in a particular class of cases for many years, and which is recommended by the facility with which it is executed, and its efficiency in accomplishing the object in view.

It is done with a small knife, (used, I think, originally by Sir W. Adams, called an iris knife, and figured in the works of Mackenzie and others. By these authors it was used by being introduced behind the iris through the sclerotica, and then pushed through the iris into the anterior chamber.

I have been accustomed to use this little instrument differently, inserting it through the cornea, near the temporal canthus, close to the sclerotica, with the flat part of the blade towards the iris. The instrument being passed through the anterior chamber to its nasal extremity, the handle of the knife is turned a quarter of a circle, so as to bring its cutting edge against the iris, and it is then withdrawn by a quick movement, that depresses the point of the instrument upon the iris, so as to make a horizontal cut across that membrane.

I have found this mode of making an artificial pupil particularly successful in cases where the natural pupil has closed after extraction of the cataract. I have operated upon many persons so circumstanced, and have in an instant relieved all the disappointment of the patient and myself, at the apparent failure of an operation, in the result of which both were much interested. Of course a circular and handsome pupil cannot be ensured by this proceeding, though such will often be the result; but I am inclined to believe that those surgeons whose engagements have led them to deal much with cases of closed pupil, will be very thankful, as I am, to see a good hole in the iris, whatever its shape or size may be. I have seldom known any inflammation result from this method of dividing the fibres of the iris.

To one class of cases of fixed and nearly closed pupil, with cataract, this operation is peculiarly appropriate; indeed, more so than any other I am acquainted with. I have succeeded in giving very useful vision in such instances, where little hope of success had been entertained by other surgeons, or myself. I refer to those patients in whom chronic inflammation of the iris has accompanied the formation of cataract, where only a little pupillary aperture is left, and that of an irregular shape, the iris being apparently thinned, and its posterior surface glued down to the opaque crystalline capsule, often with portions of detached pigment tinging its surface, and the eye possessing so low a perception of light, as to excite much apprehension of the existence of amaurosis. (I would wish it to be clearly understood that in all the cases I am speaking of as fitted for operation, I presume that the patient is totally blind, for, while useful vision exists in one eye, I rarely advise any operation upon the other.)

In such hopeless cases, then, supposing all inflammation and headache long to have subsided, the operation I am describing is well worthy of trial. It is to be performed exactly as before detailed. The cataract behind is often solid, and affords a good resistance to the knife in cutting the fibres of the iris. It is uncertain what will be the effect of the sudden incision. I have sometimes by one cut divided the fibres of the iris, and displaced the cataract, so that a clear pupil was instantly produced, and a sudden blaze of light let in upon the retina, quite astounding to the delighted patient. At other times a permanent aperture in the iris will be made, of sufficient extent to allow of a thorough view of the opacities behind the pupil, and to admit of future operations with the needle for their removal, either through the cornea or sclerotica. I lay claim to no credit for this operation, having seen Mr. Alexander perform it thirty years ago; but I am not aware of its being described in any works upon diseases of the eye, and, as I consider it a very valuable one, I am glad to avail myself of the opportunity this meeting affords of making it more generally known.

EXPERIMENTAL AND PRACTICAL RESEARCHES ON THE BLOOD.

(Second Series.)

By William Addison, F.L.S., &c.,

[Abstract read at the Meeting of the Provincial Medical and Surgical Association, Leeds, August 3, 1843.

After referring to the results obtained by the first series of his "Researches," published in the Transactions of the Association (Vol. XI), the author draws particular attention to the numerous *colorless corpuscles* readily detected in the minutest portion of blood drawn by a puncture from the skin, and *their increased abundance where any inflammatory or abnormal nutritive action is going on;* he also refers to the *fibrillation* of the liquor sanguinis.

From these facts, and from the results of numerous experiments, he has come to the conclusion that lymph and pus globules, and epithelial cells, originate from the *colorless blood corpuscles*, either by a conversion or transformation of the entire corpuscles into these objects, or by the growth of their molecules It is impossible to frame any conception of the phenomena of nutrition and secretion in the higher orders of animals without supposing *the parietes of the capillary blood-vessels in those places where these processes are actually going on to partake in the necessary changes.*

The appearance of the vessels in the web of a frog's foot after irritation, and of those in the transparent membranes of the embryo, is adduced to show that the walls of the capillaries are formed of fibrous tissue enclosing colorless blood corpuscles, this tissue being subject to changes and alterations equally with other parts of the structure. The adhesion of the colorless blood corpuscles to the parietes of the capillaries, and the physical properties and microscopical structure of the buffy coat of the blood, indicate these corpuscles as the sources from which the fibrous walls of the secreting vessels are formed, the corpuscles forming fibrous tissue, or passing through it to form epithelial cells in subjection to the special law governing the function of the organ in which they are placed, the tissue and the secreting cell originating from a peculiar development of the same object. If the colorless blood corpuscles be hurried through their tissue stages by an abnormal or increased nutrition, they come under our observation as lymph, pus, or exudation corpuscles, being various in magnitude, and having various appearances, according to the nature and function of the organ from which they are taken, the stages or progress of their development, and the chemical reaction of the fluid with which they are associated.

From these facts and observations the author of the paper deduces the following theory:—

Nutrition may be normal or abnormal.

In *normal nutrition* the colorless blood cells first adhere to the tissue which forms the periphery of the capillary blood channels, they then enter into and contribute to the compositions of the tissue, being subsequently evolved upon the nearest *free surface* * as epithelial cells.

In *abnormal nutrition* the colorless blood cells adhere to the tissue in much greater abundance; they pass through a tissue stage, in which the tissue is much less fibrous and coherent, and are at length evolved or thrown off on the nearest *free surface*,† as lymph, pus, exudation, or imperfect epithelial cells, the forms and magnitudes of these objects resulting from the degree in which the formative influence regulating the development of the tissue has been exerted upon them. In this theory the red corpuscles are not supposed to take any active share as regards the formation of the tissue, or of the epithelium or pus; but it is supposed that in *acute inflammation* they do so, thereby constituting a distinctive character between abnormal nutrition and true inflammatory action.

Without binding himself to this theory in the exact terms in which it is here expressed, and with liberty to modify it, should his future observations require, the author believes that it affords the best key or explanation yet offered for a variety of microscopical facts, and gives a *rationale* of the phenomena observed in the most extensive class of diseases. The following account of the phenomena, giving rise to the buffy coat of the blood, and to scarlet fever, is given to show the practical application of the foregoing theory:—

From various causes, the nutritive function, or, what amounts to the same thing, the process of secretion, from some one or more of the epithelial surfaces, is diminished or arrested, and the colorless blood corpuscles, therefore, accumulate in the circulating fluid, so that when a vein is opened a much larger amount of them than usual flow out, and, from the sudden change of temperature to which they are exposed, or from other causes, they become ruptured, and discharge their contents, which consists of liquor sanguinis and molecules. In a short time the liquor sanguinis rises to the surface, carrying or drawing with it not only the molecules with which it was associated, but likewise those colorless corpuscles which, having for a longer period resisted the changes to which they have been exposed, have preserved their integrity; it then fibrillates, and forms tissue in the same manner as it would have done within the living vessels, if the colorless corpuscles had been appropriated to the purposes of nutrition; hence the buffy coat has a relation to the lower and colored portion of the clot, similar to that which the capillary parieties have to the currents of blood flowing through them.

In *scarlet fever*, some peculiar cause affects the blood corpuscles; the function of nutrition is disturbed, and the colorless corpuscles accumulate in a special manner in the capillaries of the skin, for the purpose of being eliminated from the body, this end being accomplished by the formation of an excess of epithelium, which peels off at the termination of the disease. But a patient may have scarlet fever without any redness of the skin, or there may exist more or less eruption on the surface of the body, and yet no exfoliation of the cuticle; it is thus the primary febrile symptoms of the disease may appear and subside. The patient seems to be fast getting well, but, as the abnormal blood corpuscles are still circulating in the blood, these appearances ought not to be relied on. They are, perhaps, insidiously accumulating in some of the glandular structures, laying the foundation for future scrofulous disease, forming tubercles in the lungs, or, if none of these things are taking place, their presence is shortly proclaimed by symptoms of dropsy; they are, as it were, thrown upon the kidneys, and produce a true inflammation in these organs, according to the terms of the preceding theory, for both the red and the colorless corpuscles are passing through the tissue, denoted by their presence in the urine.

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* The interior of a follicle, crypt, or duct.

† The pyogenic membrane.

These views of the phenomena of scarlet fever give the reason why it usually happens that it is those cases which present the mildest primary symptoms that are attended with the graver lesions afterwards, for the disease can never be considered as having terminated satisfactorily unless there has been a more or less copious exfoliation of epithelium. And what are the practical measures which the theory points out in those cases in which the natural effort has been insufficient—those in which the secondary symptoms arise? *Bleeding*, for the purpose of diminishing the amount of the colorless blood corpuscles in the circulation, and (by diminishing the volume of the blood) to recal into the current of the circulation many of those corpuscles which have become stationary in the oppressed and disordered tissues. *Emetics* and *brisk cathartics*, to remove all the worn out epithelium from the mucous tract of the alimentary canal, and, by their stimulant properties, to urge these tissues to renewed exertions in expending the accumulating colorless blood corpuscles to form new epithelium. *Baths* and *friction* to the skin upon the same principle; these measures being conjoined with, or followed up by, *pure air*, *exercise*, *appropriate diet*, and *invigorating tonics*. The extension and adaptation of these views to many other specific, inflammatory, or abnormal nutritive diseases, will readily occur to the mind of the experienced practitioner.

In the first series of these Researches it is stated that the colorless blood corpuscles imbibe water and increase in size, during which the outline of the central portion disappears, and the corpuscles are seen filled with molecules. The author now says that if a very dilute solution of acetic acid be added to the corpuscles, thus enlarged and altered by water, the central portion becomes corrugated, and collapses, appearing in the interior of the transparent outer tunic, or integument, either as a single more or less irregular shaped object, or as three or four separate bright granules; if, on the other hand, to corpuscles enlarged and altered by water, a similarly weak alkaline solution be added, its effect will be to enlarge the corpuscles still more, and render the molecules within still more conspicuous, after which they burst open with considerable force, discharging a quantity of molecular matter, and a multitude of distinct molecules or granules. "Hence," the author observes, and to this remark we would invite particular attention, "the colorless blood corpuscles are among the most delicate tests we have of the acidity or alkalinity of the fluids with which they come into contact, and their vital functions, as well as their visible appearance, must be correspondingly modified."

Neither of the solutions above referred to could be discriminated by the taste from pure water, the acid hardly perceptibly; reddened litmus and the alkali was in a similarly dilute condition.

The author concludes his paper by remarking that the solidist and humoralist can neither of them maintain exclusive views, and the most philosophical course is to merge all differences on these topics in a vigorous prosecution of minute microscopical anatomy. As regards the forthcoming phases of medical opinion, the chemical investigator must necessarily fail of practical utility in the treatment of disease, if, by relying too exclusively upon the laboratorial results of his researches upon the metamorphosis of the living tissues, he overlook the fact that every product of vital action is the result of cell life. No reasoning from mere chemical principles can be made the basis of medical practice, to the entire exclusion of the varied and incomprehensible changes and combinations wrought upon the same materials by life. So, on the other hand, if the mere microscopical observer closes his eye upon the brilliant results of chemical science, the sphere of his usefulness will be equally contracted and obscure; whereas, by union and cooperation, harmony of result must ensue, and medical science will emerge from her present unphilosophical position.

CASE
OF
TUBERCULAR DEPOSIT
WITHIN THE
CRANIUM OF AN ADULT.

By Henry Snowden, Esq.

On the 28th of April last, was called to attend Mr. M., aged thirty-eight, for an hæmoptysis. He had had pulmonary complaint for some weeks previously, and presented the usual symptoms of tuberculous disease of the lungs. Had been a member of a temperance society for six years, and was a strongly built, muscular man. The usual treatment was employed, and after the first visit there was no return of the hæmoptysis. However, the chest symptoms grew worse, the cough was very troublesome, he had profuse night sweats, and he became emaciated.

In the early part of June he noticed that his memory failed him, and at times he was slow to reply, as if it required an effort to collect his ideas. There was no complaint of headache, and he attributed these symptoms to anxiety concerning his family affairs, which, during his illness, had given him much trouble. On the 14th of July, on which day he was more cheerful, and seemed better than usual, he went into the country. On the 24th he returned home, and when I saw him he had all the symptoms of serious disease within the cranium. He was incoherent; his countenance was anxious; pupils dilated; extreme restlessness; pulse 120, and small. The next morning he was comatose; there was a constant twitching of the muscles; pulse 130. In the evening he was partially sensible when roused, and became very restless, constantly tossing his arms, or drawing up the bed-clothes about him. On the 25th there was coma, alternating with slight delirium; the restlessness and muscular tremors continued. From this day to the time of his death, which took place on the night of the 31st, he was not visited by me. The friends report that the symptoms continued the same, with increase of coma, and that there was no paralysis.

The body was examined fourteen hours after death, in the presence of Dr. Sandwith, who had seen the case with me during life.

There was considerable emaciation. In the head, the arachnoid membrane covering the upper surface of the hemispheres was here and there opaque, and a large quantity of fluid was contained in its great cavity. The pia mater was much injected. At the upper part of the left hemisphere, beneath the arachnoid and pia mater, and extending over a space occupied by five or six convolutions, were many white grains of tuberculous matter; at one point, on the margin of the great fissure, these were aggregated into a mass of the size of a bean. Beneath this the brain was softened, the softening being confined to the grey matter. The brain was generally vascular, but there was no other diseased appearance.

The lungs were studded with tubercles, some of which were in an advanced stage of softening. The mesenteric and bronchial glands, and the glands of the neck, were loaded with tuberculous matter.

Hull, August 14, 1843.

CASE OF FILARIA MEDINENSIS, OR GUINEA WORM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As we have not frequent opportunities of observing this species of entozoa in our own country, perhaps you may not deem the following case unworthy of a place in your valuable Journal.

John Stavely, aged twenty-four; dark hair, and rather fair complexion, and a seaman in the merchant service, arrived at Cape Coast Castle, on the coast of Africa, in June, 1842. He remained at this station sixty-five days, during which period he was once on shore for about three hours. He wore no shoes, and found the sands and rocks so hot that he could not with impunity put his feet on the ground. Whilst on board, a considerable number of the Africans visited the ship every day. He saw many of them affected with Guinea worm, several of whom had leaves bound round their legs with shreds of the rind of trees, to cover the orifices caused by these worms, which discharged a good deal of matter.

Stavely thinks that he got his Guinea worm in the hold of the vessel, whilst stowing the palm oil casks amongst the branches and leaves of trees. He enjoyed good health, excepting that he had a sore on the outside of the right leg, occasioned by a small boil.

He returned to England in August, and arrived at Southampton the 14th of October. He continued well throughout the voyage, and also after his arrival in England, till about the middle of May, 1843, when he perceived a sore on his left instep, which he attributed to a gall from his shoe; this continued with little pain or inconvenience in the form of a pustule for about a fortnight. It now became as large as a fourpenny piece; and out of its centre protruded a white cord-like substance about the size of a violin string.

Being on board the Monarch steamer, he showed it to the steward, who thought it a strange appearance. He then cautiously pulled it out of the pustule to the length of five inches, and cut it off.

The next day erysipelatous inflammation commenced, and gradually extended over the upper part of the foot and half way up the leg. He was now brought home, and placed under the care of Mr. List, surgeon, of this town. Several small abscesses formed in the course of the inflammation, all of which were opened; and in about seven days Mr. List succeeded in extracting the remaining part of the worm from the primary sore on the instep. The length of the worm was two feet and a half.

On the 23rd of May he perceived on the anterior part of the lower third of the left forearm a pustule similar to that which had formed on his left foot. As the pustule itched, he scratched off the point with his nail. This led him to discover a thread-like substance, which, upon being drawn ont, proved to be the extremity of another filaria. It was distinctly seen to move, and became larger in circumference as it was cautiously drawn from the sub-cuticular tissue.

On the 27th of May, by the kindness of Mr. List, I was permitted to see the case. Erysipelatous inflammation had taken place in the leg; and a considerable length of the worm had been wound around a piece of rag, and was confined close to the orifice, from which it was gradually being extracted. The track of the worm can be easily traced under the cutis by the finger, and in its course several small abscesses are forming, which are attended with pain and itching. The worm, upon being drawn a little out, is round in form, about the size of the bass string of a violin, white in color, of gelatinous structure and appearance, and of sufficient tenacity to bear cautious traction.

It was extracted little by little every day, and wound upon the rag, till, in about a fortnight, it was all withdrawn. This worm measured thirty-two inches in length. Its head had been scratched off with the pustule which first formed on the arm; but its tail was perfect, tapering to a point, as in the lumbricus. Its surface appeared to be smooth, but upon examining it through a powerful lens, it was found to be made up of minute transverse rugæ.

The inflammation subsided soon after the extraction of the entozoon, and although it had extended over a large space both of the leg and the arm, the system was but little disturbed by it. The urine, indeed, was high colored, the tongue somewhat white, but the pulse did not exceed 84 in a minute. The tortuous track of another worm can be felt and seen under the integuments of the back of the right foot, extending from the instep to the base of the toes. As yet there is no inflammation and no pustule of egress.

Such is the case of this extraordinary and interesting entozoon. It is difficult to say in what way this worm was generated in the body of Stavely; but it is not improbable that the larvæ may have found access into the subcutaneous tissue through the sore which he had on the right leg when on the African coast. As this case so entirely confirms an excellent account given of this worm in the "Encyclopædia for the Diffusion of Useful Knowledge," I shall in justice to the author transcribe a portion of the article Entozoa.

"The Guinea worm frequently occurs in hot climates; but the countries where it most abounds are Arabia, Upper Egypt, Abyssinia, and Guinea. Its general habitation is the subcutaneous cellular tissue, particularly of the lower extremities; but it is also found in the scrotum, and very rarely beneath the tunica conjunctiva of the eye. The length of this worm varies from six inches to twelve feet; it is about as thick as the string of a violin; its color is generally white, but occasionally brown; it is round, and of nearly equal dimensions in its whole length, but becomes a little attenuated towards the anterior extremity. The tail of the male is obtuse, and armed with a spiculum; in the female it is acute and bent. The mode of development of this entozoon is unknown. It seems that it may exist for many months without being detected, cases occurring where it had not been discovered till more than a twelvemonth after leaving the country where it was contracted. After a time it produces irritation; in some point of the skin a vesicle, pustule, or small abscess forms, breaks, and then the end of the worm makes its appearance, which may be taken hold of, and cautiously and gradually extracted. If the filaria is broken, the portion remaining beneath the skin dies and produces inflammation, sinuses, abscesses, and often great constitutional disturbance, requiring amputation of the limb."

In the case above related there were three of the filaria in the same individual; one in the left leg, one in the left forearm, and one in the right foot, which still remains there. The worm which I saw, and which Mr. List extracted from the left arm, was, according to the above article, a female, as its tai was acute and bent, and without a spiculum.

It seems that this worm inhabits the subcutaneous cellular tissue in the human body, where it produces no irritation till it irritates the skin and forms a pustule to make its way out; and it is probable there would be but little erysipelatous inflammation attending it were it to be *gradually* and *cautiously* extracted without being broken.

I remain, Gentlemen,

Your obedient servant,

W. S. Oke, M.D.

Southampton, Aug. 14, 1843.

MALARIA, ITS CAUSES, EFFECTS, AND TREATMENT.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen, — Having had ample opportunities afforded me of noticing the effects that malaria produces upon the system, I now beg to submit to your consideration the enclosed paper respecting it for insertion in your Journal.

I remain, Gentlemen,

Your obedient servant,

Edwin Morris,

Surgeon to the Spalding Dispensary.

Spalding, Lincolnshire, August 14, 1843.

The production of malaria by the decomposition of vegetable matter, favored by a moist atmosphere, has long been considered the great source of fever in low, flat countries, and this has been owing, in a great measure, to the imperfect drainage of the land. This is proved by the fact that fever, particularly that of the intermittent form, has been less frequent since the more perfect and effective drainage of the marshy districts of Lincolnshire. During my residence in this neighbourhood, of several years, I have not seen many cases of ague, and those that have occurred have been generally individuals of uncleanly habits, and living principally upon vegetable diet. The number of cases of typhus fever have not diminished in the same ratio as intermittent, although fewer fatal cases occur than formerly, which I think is to be attributed to the treatment being more judicious and better understood. The object of this paper is to show the peculiar and different manner in which persons are affected when malaria exists in the system previously to its development into a true case of fever, either of the intermittent, remittent, or continued form. It is not at all an uncommon occurrence for malaria to lurk in the system for weeks, nay, even months, harassing the individual, and producing great debility and lowness of spirits, accompanied with loss of appetite. Pulse small and feeble; tongue white and moist; breath fœtid; bowels costive; urine scanty and high colored; sallow countenance, with a yellowish tinge of the conjunctiva. Thus they drag on a miserable existence, following their usual employment with the greatest reluctancy. In this state they apply for medical aid, and invariably say they are not "right, and yet not sufficiently ill to lay up." Prescribe what we will, they appear to derive little or no benefit from it: purgatives are the best temporary relief; yet, notwithstanding this, they return again after a few days as bad as ever. From the peculiarity of the countenance alone, which is very difficult to describe, I can immediately detect that the person is affected with malaria, the great destroyer of youth and beauty. It spares neither young or old; it lurks alike in the mansion and the humble cottage; none are exempt from its ravages, but all are liable to its attacks who dwell in low, marshy districts. I cannot too strongly urge the authorities, who have the management of the drains, to use their utmost influence and power to maintain and keep up an effectual drainage, and to remove all accumulations of vegetable matter, which, when it undergoes decomposition, rapidly generates this poisonous miasm, the great source of fever. Truly, they have done a great deal already, yet I would not have them actuated by mere motives of lucre for the improvement of the land, but by a nobler one—the production of a pure and healthy atmosphere, which will greatly assist in lessening the bills of mortality in this neighbourhood. It is curious how peculiarly some persons are affected with malaria. I know a lady who suffers severely from an acute nervous pain in the face, which will immediately leave her upon going to the high country, and will return again when she comes back; and others, again, who have great relaxation of the uvula and mucous membranes of the pharynx, with a secretion of a thick, ropy mucus from about the epiglottis and pharynx, particularly in the morning when they first get up; they are always relieved by a removal into a more elevated part of the country. I have observed that persons affected with malaria are relieved from it in one of the three following ways:—First, either by suddenly leaving them, whereby they speedily recover; secondly, by passing off with a violent diarrhœa; and thirdly, by terminating in intermittent, remittent, or continued fever. Undoubtedly, the first mode is the most desirable way of getting quit of it, and yet this rarely occurs; the second is the most common, and the next to be desired. Patients will be suddenly attacked with a violent purging of fœtid stools, accompanied with small pieces of hardened fæces; vomiting will also sometimes take place. The diarrhœa will last a few hours, or a day or two, after which the patient is exceedingly weak, and feels sore all over the abdomen, as if they had been beaten; they generally have an enormous appetite afterwards, and recover in a week or two.

The terminating in a case of continued fever is the most to be deplored, and yet, I am sorry to say, is the most frequent mode. The system, perhaps, has already become debilitated and worn down by weeks of suffering from the effects of malaria, and is in the worst possible state for bearing up through the different stages of continued fever, and it requires the utmost attention and skill of the medical attendant to conduct a case of this kind safely through. No plan of treatment can be laid down; all must depend upon attacking existing symptoms, and battling off any threatened local inflammation, and administering nourishment and stimulants at the very time when they are required, but no precise time can be stated when the above means are to be used; each case will differ much as to its severity of symptoms and treatment requisite, and all, all will depend upon the practitioner's practical knowledge of the subject, and each case will prove a lesson and guide for the future, and that man who is quick of observation will store up in his mind the many little facts which the present opportunity affords him of observing, and which will constitute that great desideratum, *experience;* and such an one alone will be able judiciously and satisfactory to treat a case of continued fever.

Treatment.—Now, as regards the treatment of persons suffering from malaria: undoubtedly change of residence to a more healthy district is the best course to adopt; but all have not the means of taking advantage of this. I would, therefore, recommend the following, which I have found, after repeated trials, to be the most beneficial plan to pursue:—Compound chloride of mercury pill, five grains, given at bed-time, to be followed by the following draught early in the morning:—

Rhubarb, half a drachm;
Compound spirits of ammonia, half a drachm;
Compound infusion of senna, one ounce and a half.
Mix.

To be repeated again and again, unless the bowels have been well purged, and not to be satisfied with three or four loose motions, but to produce watery evacuations. The patient will feel weak after this, still nothing less than the violent purging will do, and this is to be followed by bark, port wine, and nutritious diet.

When a patient is suddenly attacked with diarrhœa, I would not advise it to be arrested too soon, but rather palliate the effects it produces. Sometimes there is a great disposition to syncope, particularly in females, and in all an acute pain about the umbilicus, occurring in paroxysms, and ending with a desire to have a motion, with great tenesmus. I have found the following mixture to be very serviceable:—

Acetate of morphia, one grain;
Compound spirits of ammonia, two drachms;
Water to six ounces. Mix. Two tablespoonfuls to be taken every third hour.

A poultice applied upon the abdomen will relieve the pain considerably, if not leeches should be applied. There is frequently an accumulation of scybala in the colon and rectum. The following enema to be administered, and to be repeated occasionally:—Decoction of poppies, infusion of linseed, of each six ounces. Make an injection. These cases have occasionally been attended with delirium; of course, whenever any unusual symptoms arise, they must be combatted accordingly.

Case I.—John ——, aged twenty-four years, a groom; had been suffering for weeks past from great lassitude, and constricted feel across the forehead, loss of appetite, tongue white and moist, sallow countenance, the conjunctiva suffused, pulse soft and feeble, bowels rather confined. He says that he has had great difficulty in attending to his work, and appears to have no energy or desire to do so; has an idea that he shall not recover.

Jan. 5. He applied for medical aid. Four grains of calomel were given, and to take some aperient mixture every two hours until the bowels are relieved.

6. The bowels have been well purged, and he feels himself much better.

After this date I saw no more of him until February 15, when he again visited me. He states that he has been some days better, and sometimes not so well, and has gradually become much weaker. Present symptoms: Pulse quick and feeble; tongue dry and furred, when put out has a continued tremulous motion; great pain in the head, particularly in the direction of the longitudinal sinus; the countenance is flushed; has had cold rigors, and staggers very much when he walks; he is also very low spirited. To take five grains of blue pill, with an aperient draught directly; a dozen leeches to be applied to the head.

Feb. 16. He took to his bed this day; the pain in the head is very acute; pulse 120; tongue dry, and much furred. More leeches to be applied, also a blister to the back of the neck, and to take a saline mixture every four hours. His bowels have been well relieved. He remained much the same up to the 19th, when he passed a restless night. Cold lotions to be kept constantly applied to the head.

20. He continues much the same.

21. Is very restless; the pain in the head is so severe as to make him scream out aloud. An anodyne draught to be taken directly; fourteen more leeches to be applied. The bowels have again been well relieved. To take a grain of calomel every four hours, with the saline mixture. He this evening became comatose.

22. He has not moved from the position he now lays in since he became comatose; he is perfectly insensible to external impressions; breathing hurried; pulse 130, small, and feeble; incontinence of urine; hands and feet cold; pupils dilated; has a very dejected, frowning look; jaws quite fixed, so that he cannot take food or medicine. A blister to be applied upon the head.

Eight, p.m. Much the same. Mustard cataplasms were applied to the feet.

23. Still in the same insensible state, having never moved the whole of the night; has had an involuntary evacuation from the bowels; pulse 120; surface of the body cold.

24. Ten, a.m. He has been much in the same state all night as yesterday; the nurse informs me that he moved himself a little about seven o'clock this morning; he is now sensible, although very deaf, and not able to speak; he put out his tongue when asked to do so, which has a black crust upon it, also sordes upon the teeth; the breath is very offensive; pupils still dilated; pulse 100, and feeble. He drank a little milk and water I gave to him, for the first time since the 21st. To take decoction of bark and port wine.

25. Passed a quiet night; is exceedingly feeble; pulse 100; feet very cold; evidently sinking fast.

26. Slept some time during the night; pulse scarcely perceptible; surface of body quite cold. Died this morning, ten, a.m.

Autopsy, Forty-eight Hours after Death.

I had great difficulty in removing the calvarium, the dura mater adhered so very firmly to it along the sagittal suture; the dura mater was much thickened and congested; there were several deposits of pus upon it over the longitudinal sinus. Upon cutting into it, several ounces of fluid escaped; the blood-vessels of the membranes and brain were very turgid; the ventricles contained a quantity of serum; the brain was very soft. I much regret we had not the opportunity of examining the chest and abdomen.

I was induced to relate the whole history of the above case, because it shows well the length of time that malaria may exist in the system before it develops itself into a true case of continued fever, and also from the opportunity having been afforded of examining the head after death. Chronic inflammation of the dura mater must have existed some time, which would account for the thickened and congested state of it, and also for the pain felt in the direction of the longitudinal sinus. We had sufficient pathological appearances to account for the comatose state, but I am at a loss to know what was the cause of the cessation of coma and return of sensibility previous to death.

Case II.—Miss ——, aged eleven years, an intelligent, lively girl, has suffered for upwards of three weeks from cold chills, accompanied with great debility, loss of appetite, tongue white and moist; complains of a bitter taste in the mouth; pulse very feeble; a dull pain in the forehead; bowels costive; for several days together she will be very well, and her accustomed gaiety returns, she then eats voraciously. Purgatives were given, followed by quinine, without the least benefit; change of air was recommended, and she was taken into Leicestershire. On the second day after her arrival the chilliness came on again, but more severe; the extremities were very cold. This state continued for two hours, and was afterwards followed by great fever, and then profuse perspiration; her night-clothes were completely saturated with it. The weakness after this was very great; she was unable to stand for upwards of a fortnight, and was obliged to be carried about; but she never had another attack after this, and began to recover rapidly, taking good nourishing diet, and the decoction of bark daily.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, AUGUST 26, 1843.

We know not whether it will be considered a cause for self-gratulation or otherwise, but the proceedings of those in authority, to whom the arrangements for the future government of the medical profession are committed, are so dilatory on the one hand, so hurried on the other, and always involved in so much mystery, and managed with such diplomatic secresy, that we are scarcely aware whether the time even for remonstrance may not have passed away. To say that nothing has been done for the medical profession during the protracted session of Parliament just brought to a close, would be a very negative mode of characterising the proceedings either of her Majesty's government or of the *imperium in imperio*—the secret conclave which, with Machiavelian policy, moves the puppet strings of the Home-office. Truth compels us to allow that much has been done, not for, but in regard to, the medical profession. There has been much meddling in medical matters; and though neither the members of the profession, the community at large, nor the great councils of the nation, have been permitted to take part in the regulation of what so eminently belongs to them, the Home-office, and, what we presume we must call the medical officer, her Majesty's Secretary of State for the Home Department, and the self-constituted secretary of state for the medical department, have been in frequent and close communication.

The result of all this confidential intercourse and private caballing between the high contracting parties is, it seems, a new charter to the College of Surgeons. In defiance of repeated remonstrances from numerous bodies of medical practitioners, and we believe we might say in direct opposition to the wishes of nearly the whole profession, the College of Surgeons, at the instance of its irresponsible and self-elected council, is to be entrusted with enlarged powers, and invested with new privileges. What these are, we presume not to conjecture; all that has been suffered to transpire is the fact that a new charter is, or is to be, granted, in despite of the repeated remonstrances of those most nearly and most deeply interested, while the measure itself is announced as definitively settled, is hurried on with most indecent haste, and the consideration of the interests of the great mass of the profession is postponed for an indefinite period.

Granting that the new charter is precisely that which would prove the most acceptable to that numerous and influential portion of the profession which is especially interested in its provisions—and this, considering the quality of those employed in tinkering this portion of the state kettle, is more than the most sanguine could venture to anticipate—what is to be said to the manner in which the measure has been got up? Far be it from us, or from any of her Majesty's lieges, to interfere with the just prerogatives of the crown, or to attempt to control their rightful exercise; but, although the power to grant a charter, and the right of exercising the power, undoubtedly rests in the crown, still the minister who hastily and unwarrantably advises the exercise of any portion of the royal prerogative, in direct opposition to the principles which are now recognised as pertaining to good government, in so far betrays the confidence of his sovereign, and is traitor to the best interests of his country. Now, we hesitate not to say that the Home Secretary stands in this predicament. Knowing well that the great mass of the medical profession are and have been long desirous that their numerous causes of complaint, in respect of the mode in which medical corporate privileges have been exercised, should be investigated—knowing that the abuses complained of have led to the infliction of much mischief on the community at large—knowing, further, that while a few only of the medical body, and that few blinded by the possession of power and other advantages, are desirous of perpetuating these abuses, while, on the other hand, the great mass of the profession are opposed to their continuance, complain under their pressure, and call earnestly for relief—and lastly, knowing also that the government, of which he forms a part, stands pledged to bring the whole subject before the legislation—we repeat that, knowing all this, the Home Secretary, in thus advising and carrying out the adoption of a secret and partial measure, has acted in violation of the principles on which the laws of the country are based, has so far betrayed the confidence of his sovereign, and is traitor to the best interests of the community.

The charter is granted at the instance of the very body, or of some of its members, the misconduct of which is complained of. It is granted to the same body, and it is granted under the counsel of one or two of its members, without reference to the expressed opinions of hundreds of intelligent surgeons, many of whom, from more favorable opportunities of knowing the working of the existing system, were well able to give information and advice, and some of whom, taken from the chief towns of the empire, ought, under any circumstances, to have been consulted.

But, if the Home Secretary have subjected himself to the charges which we have brought against him, there is another gentleman who, equally with himself, rejoices in the cognizance of the bloody hand, who also becomes amenable at the bar of his professional brethren. It is with regret, for the honors of medical knighthood, that we say that the secret counsellor of the minister stands in the same category with the privy councillor of her Majesty. If the one has betrayed the trust reposed in him by his sovereign, the other has no less betrayed the interests of his professional brethren, most of whom, too, are disposed to regard his high character for professional skill with respect, and to acknowledge that in much he has hitherto shown himself worthy of esteem. "*Et tu Brute.*" Is it you who are thus standing in the fore front of those under whom the rights of your profession have so long trodden in the dust? And yet has it been even whispered that a single provincial surgeon of eminence, or that a single metropolitan surgeon, not of the council of the London College, has been consulted upon or informed of the provisions of the new charter?

We have not been forward in expressing our admiration of the manner in which Mr. Guthrie has managed his interviews with the poor-law commissioners; but we must do that gentleman the justice to say that although he may have been disposed to treat that body with more deference than it deserves, and although he may not hitherto have succeeded in effecting much improvement, still the contrast of his mode of proceeding, to that of his brother councillor of the college, redounds much to his credit. He, at least, appears in earnest in what he is endeavouring to do for his professional brethren. He listens to their statements; he asks for information at their hands, and is willing—nay, desirous—"to advise and confer with any individuals, societies, bodies, or association," who will afford him their assistance. Mr. Guthrie herein acts uprightly, and with due consideration towards those whose interests he is advocating; but who ever heard of the privy councillor of the Home Secretary expressing the slightest wish to advise and confer with any one save and except the Home Secretary himself, on the subject which he has taken in hand. There is no letter from him in any of the public journals, no address from him to the council of any association, seeking advice and assistance in the arduous and all-important subject which he undertakes. On the contrary, for anything that appears, he stands alone and all-sufficient, the only individual belonging to any branch of the medical profession capable of grappling with the reform of our institutions. He needs no advice, requires no counsel, but, on the contrary, repudiates that offered to him by those who have well considered and well digested that which they have to offer, and, laying aside memorials and addresses, disregarding petitions, and every expression of the opinion of the profession, proceeds on his course in direct opposition to them all. Can anything be more self-sufficient, more unwise, more insulting? Self-sufficient as regards the individual estimate of his own powers of mind, unwise as regards the settlement of the question itself, insulting as respects his professional brethren.

We use strong language; but can other than strong language express the indignant feelings which such reckless contempt of remonstrance cannot fail to arouse? We say advisedly, that the insult offered by the minister and his counsellors, whoever they may be, to the expressed wishes of so large and intelligent a body as the Provincial Association, not only in refusing to receive the deputation appointed at a general meeting, but immediately acting irrespective of Parliament, and directly in the very face of the oft-repeated petitions, memorials, and remonstrances, addressed to the government and the legislature, is such as cannot be overlooked. We can tell Sir James Graham that this is no party question; it is not a matter which the evanescent disputes of Whig and Tory can settle. Among the most strenuous advocates for a reform of the medical institutions of the country are to be found some of the firmest supporters of the government of which he is a member. We can tell him that the reform must come, and that it must be based on equitable principles, such as those advocated by the Provincial Association in the memorials which have been so repeatedly sent to him. We can tell his advisers that unless this reform is timely and gracefully granted, a period will come when the demands of the profession will be made for the speedy removal of all impediments which stand in the way, including even those institutions which are, notwithstanding their many imperfections, and the corruptions which have crept into them, still recognised as retaining somewhat of interest, if not of value, in the recollections attached to them, and that any attempt made to sacrifice the common interest of the whole profession to the partial upholding of any one of these, can only weaken the tottering edifice, and hasten its downfal. It is asserted that the charter is already granted—that the decision of the government upon this point has gone forth, and cannot be recalled. If so, we deeply lament the indecent haste, the secresy, and the disregard of all remonstrance, which has characterised the whole proceeding. The consequences which will ensue we care not to anticipate; but it cannot be doubted that the irritation engendered by the neglect of just requirements must prove anything but favorable to the promotion of those feelings of harmony which we greatly desire to see pervading all the branches of our noble profession.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The first annual meeting of the Suffolk Branch of the above Association was held at the Corn Exchange, Stowmarket, on Friday, the 18th instant, and was attended by the following gentlemen:—Dr. Baird, Ipswich; Mr. Bree, Stowmarket; Dr. Chevallier, Aspal; Mr. R. Chevallier, Aspal; Mr. Crosse, Norwich, Mr. Cuthbert, Mendlesham; Mr. Cuthbert, jun., Mendlesham; Dr. Durrant, Ipswich; Mr. Ebden, Haughley; Mr. G. C. Edwards, Ipswich; Mr. Freeman, Stowmarket; Mr. Growse, Bildestone; Mr. Growse, Hadleigh; Mr. Kent, Walsham; Dr. Kirkman, Melton; Mr. Martin, Holbrook; Mr. Pennington, Needham Market; Dr. Ranking, Bury; Mr. Ransom, Ipswich; Dr. Skrimshire, Sudbury; Mr. Sampson, Ipswich; Mr. Vincent, Botesdale; Mr. Ward, Stowmarket.

Dr. Durrant took the chair at two o'clock, on the motion of Dr. Baird, seconded by Dr. Skrimshire; and commenced the business of the meeting by reading a long and interesting retrospective address upon the improvements or additions to the science of medicine during the last year. Dr. Durrant commenced as follows:—

"In conformity, Gentlemen, with a resolution passed at the last general meeting of the Eastern Branch of the Provincial Association, we are to-day assembled for the purpose of holding the first meeting of the then formed subdivision—viz, 'The Suffolk Branch,' the institution of which will, I am persuaded, if zealously supported, operate very beneficially; and it is, I assure you, a subject of sincere gratification to myself, that I see around me, on the present occasion, so many of its members resident in the county. The objects of the Association are too well known, and too fully appreciated by all, to require any comment on my part. That it continues to maintain the high reputation and distinguished position which it has so meritoriously assumed is also fully evident; and when we scan over the annually increasing list of influential and talented members, we cannot but perceive that one animus pervades the whole, having equally for its object the advancement of science, the establishment of harmony and good feeling among its associates, and a zealous maintenance of the honor and respectability of the medical profession. The formation of district branches has, unquestionably, been productive of very considerable advantage to the welfare of the Association, both by keeping alive interest in the general proceedings, by stimulating individual members to exertion, and by affording opportunities of social and professional intercourse to those whose avocations or other causes do not permit them to attend the more distant meetings. At the last assembly of the Eastern Branch, a committee was formed, to watch the progress of medical legislation in reference to the expected bill of Sir James Graham. On this subject the general Association has been in itself most zealous, and warmly supported by almost all the district branches. A very interesting meeting on the subject was held in this town in April last, when both Houses of Parliament were petitioned, praying the delay of any legislative measures until the whole subject of medical regulation and reform should have been thoroughly investigated. No proceedings, however, up to the present time, have been adopted by Sir James Graham, and, from the importance of the parliamentary matter, the entire subject will, I apprehend, undergo further postponement."

Dr. Durrant then went into a lengthened description of the various contributions to medical science during the last year, mentioning particularly those of Dr. Richard Smyth on Cerebral Disease of Children; Dr. Marshall Hall on Blood-letting in Apoplexy and Paralysis; Dr. Mayo on Paraplegia; Dr. Debreyne on Epilepsy; Dr. Hennis Green on the Treatment of Chorea by the Use of Sulphur Baths; Mr. Miller on Catalepsy; Mr. Jackson on Hydrophobia; Dr. O'Shaughnessy on the Use of Indian Hemp; Dr. Weston on the Use of Stramonium; Dr. Fontanelle on Hæmoptysis; M. Boudin on Climate in Phthisis; Dr. F. Bird on Empyema; Dr. Montgomery on Cancer Uteri; and often added his own remarks and experience in the trial of some of the new measures reported or suggested. He concluded an excellent address as follows:—

"I must now, Gentlemen, conclude; before doing so, however, permit me to thank you for the kind attention with which you have favored me. In an address like the present, the survey which could be taken must of necessity be cursory and imperfect; had I given more than a mere outline of the practical progress made in the medical department of our science during the past year, I feel that I should have encroached on the time allotted for the reading of papers and cases of greater interest. On referring to the obituary, I find with pleasure that the medical profession generally, and our Association in particular, has to lament fewer deaths during the past than in many of the preceding years. The names of Walker and Tyrrell, of London, will be fresh in the memory of all, coupled with which are those of Baron Larrey, Devergie, and Pelletier, of Paris, with Fricke, of Hamburgh. These celebrated men are all removed from their different spheres of usefulness, and, while we attempt to follow their footsteps, let us faithfully endeavour to ensure the greatest possible amount of benefit to our common profession, which, from the large field of observation that we enjoy as provincial practitioners, it unquestionably claims at our hands." (Loud cheers.)

Dr. Durrant's observations gave rise to an interesting discussion amongst the members, many of whom communicated cases.

Mr. Bree, of Stowmarket, then read a report of the meeting held in the early part of the year, upon the subject of the contemplated changes in the medical profession by Sir James Graham's bill, and concluded by reading the following correspondence, which he had had, in his official capacity as honorary secretary, with Sir James Clark:—

"Dear Sir,—At a meeting of the members of the Suffolk Branch of the Provincial Medical and Surgical Association, held at Stowmarket, on Friday, the 28th instant, the enclosed resolution was passed unanimously, and I was directed by the meeting to forward it to you. I was also directed to state that a petition to both Houses of Parliament was signed by the meeting, praying for a full inquiry into the important subject of medical reform, and a copy of your letter* was directed to be sent to each of the members for the county of Suffolk, intimating that it contained all that we desire upon the subject, and requesting them to support any measure embodying its principles.

"I am, dear Sir,
"Your most obedient servant.
"C. R. Bree, Hon. Sec.

"Stowmarket, April 19, 1843.
"Sir James Clark, Bart., Physician to the Queen, &c."

"My dear Sir,—I felt much gratified with the resolution of the Suffolk Branch of the Provincial Association, and I beg, the next time it assembles, that you will be good enough to express to its members my feelings. I am particularly pleased to find that the subject of medical reform is taken up in so sensible a manner by the provincial associations. I look to the medical practitioners in the provinces as an active means of bringing about that sound reform in the profession which is required for its respectability, and for the benefit of the public. I think it very doubtful whether Sir James Graham will bring in his bill this session, ministers having so much upon their hands. If so, we shall have the summer before us to come to a general agreement upon the heads of such a bill as will be satisfactory to the great body of medical practitioners. If the profession is true to itself, it will get a proper measure of reform. Truth and justice will prevail in the end.

"I am, my dear Sir,
"Yours truly,
"James Clark.

"London, May 10, 1843.
"C. R. Bree, Esq., Stowmarket."

The following cases were then read to the meeting, and recommended to be published in the Society's Transactions:—

1. Case of Complete Prolapse and Inversion of the Bladder in a Female Child, by Mr. Crosse, of Norwich.
2. Case of Medullary Sarcoma of the Prostate Gland, in a Child Nine Months of Age, by Mr. Bree, of Stowmarket.
3. Case of Icthyosis Simplex, and Two Cases of Bronchocele successfully treated, by Dr. Beck, of Ipswich.

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* Second Letter to Sir James Graham, Bart., by Sir James Clark, Bart., upon Medical Reform. London, 1842.

The following subjects were also introduced to the meeting for discussion:—

1. On Bleeding in Mania, by Dr. Kirkman.
2. On the Coexistence of Disease of the Heart with Chorea, by Dr. Ranking.
3. On the Exhibition of Opium in Strangulated Hernia, by Mr. Bree.
4. On the Exhibition of Opium in Constipated Bowels, by Mr. Pennington.
5. On the Operation of Paracentesis Thoracis in Empyema, by Mr. Crosse.
6. On the Presence of Various Insectivora in the Intestinal Canal, by Mr. Sampson.

An animated discussion was gradually brought forth upon fluid deposits in the chest, and the propriety of tapping under such circumstances.

Mr. Martin related a case where he tapped the chest several times, and at length left a tube in the aperture for several weeks to conduct off the fluid, with ultimate recovery of the patient.

Dr. Durrant had not found ill effects from the admission of air in this operation, and thought its rapid absorption prevented the putrefactive process.

Mr. Bree considered that the air was not absorbed, but imbibed; and the difficult physiological point, as to how the air is removed by fresh chemical combination, absorption. In the practice of Dr. Ranking, the fluid in the pleuritic cavity had often been absorbed; he quoted Dr. Hope's cases, and the favorable influence of mercury; and cautioned the profession against the unnecessary performance of tapping in cases where the vital powers, aided by appropriate medicines, would effect a cure by absorption; he had observed bad effects from the introduction of atmospheric air, and believed the low fever sometimes following the operation of paracentesis was attributable to the putrefactive process, in consequence of the air entering from without.

Dr. Baird considered it still a *quæstio vexata* as to the precise symptoms which should be regarded as demanding the operation of tapping; and Mr. Crosse then remarked that he should be disinclined to tap for the removal of serous fluid, in a patient having any vital powers such as to encourage the prospect and hope of absorption; but he should not hesitate to operate where seropurulent fluid was formed in considerable quantity, creating urgent symptoms, and he should judge of the nature of the fluid by the preceding symptoms and the constitution and temperament of the individual. The great difficulty was in forming an accurate diagnosis; cases of this description afforded the most decided test of the ability of the practitioner. The current which the discussion took, in which so many gentlemen spoke from actual experience, marked the great progress of medical science, and its more general diffusion for the public benefit. He thought tapping the chest, in a well considered case, not less creditable to the surgeon than lithotomy or opening for hernia.

Dr. Kirkman spoke of the ill effects of copious bleeding in maniacal cases; and Mr. Crosse, quoting from repeated observation, considered such treatment often injurious, leading to dementia, and even permanent idiotcy.

A hope was expressed that some of the points raised in the discussions would be taken up and enlarged upon in the form of short papers at the meeting of next year, which, it was resolved, should be held at Woodbridge, and that Dr. Lynn be requested to preside. Mr. Bree was requested to act as secretary for the ensuing year. Thanks were voted to the gentlemen who had read papers, and to the chairman.

The dinner, which was served in excellent style by the new host of the King's Head Inn, was attended by nearly all who had been present at the previous meeting, and by some non-professional gentlemen of the town. The chairman, Dr. Durrant, having given the usual public toasts, gave prosperity to the Provincial Association, which was cordially responded to. The health of the secretary and founder of the Eastern Branch was drunk, and Mr. Crosse, in reply, remarked upon the very exciting circumstances of the day, to himself particularly, not only from his appearing in his native county, but his native town, and next door to the spot where, thirty-seven years ago that very day, he had commenced his professional studies, under a gentleman to whom he was indebted for much of the zeal which had enabled him to be of any service in promoting intercourse between his brethren, and being at all instrumental in leading to so respectable a gathering as the present. As the Eastern Branch spread over six counties, he could not undertake to attend each local annual meeting, but should always desire, and do his best, to be present at the meetings in Suffolk. He alluded to medical reform, from which he did not expect much, believing that the profession must look to itself and reform itself, and rather fearing legislation might be more injurious than otherwise, were no restriction put upon the pretender, or those not legally qualified, to prevent their deceiving and injuring the public as heretofore. Mr. Crosse gave the health of the worthy chairman, who pledged himself to support the interests of the Association, and expressed a hope, somewhat beyond expectation, that each of the company present might, after an useful active life, quit this sublunary stage "*non morbo, sed senectute.*" The medical staff of each of the county hospitals, at Bury and Ipswich, received the attention of the company; and the health of the medical gentlemen of the town in which they were assembled, who had so successfully planned and watched the proceedings of the day, and especially the convivial table which was so bountifully supplied, was drunk with enthusiasm, the regret at parting from so harmonious a board being soothed with the prospect of the next annual meeting at Woodbridge.

CASES
OF
COMPLICATED CONTINUED FEVER

The last Number of the "Guy's Hospital Reports" contains the narration of twenty-nine cases of contiued fever, admitted into the hospital during the period of five months. Of these,

1 case was admitted in October,
12 ,, ,, November,
7 ,, ,, December,
4 ,, ,, January,
5 ,, ,, February;

of which seven cases were complicated with intestinal, four with pulmonary, and seven with cerebral disease, the remaining eleven having been uncomplicated. Of the fatal cases, three had cerebral complication, one with bronchitis, and one with ulceration of bowels. Cadaveric inspections took place in two cases only.

Case I. — George Carter, aged thirty-eight, a shoemaker, married; of temperate habits, middling stature, but rather thin; has generally enjoyed good health, but was debilitated from bad living previously to the present illness, which commenced ten days before his admission, when he was attacked with rigors, lasting several hours, and followed on the next day by febrile symptoms, with great lassitude, muscular prostration, and pain in the head, with delirium, which symptoms grew worse till the time of admission, on Oct. 26, 1842, under Dr. Bright, his countenance then being dull and anxious; his manners and answers incoherent; the skin pungently hot and dry, with maculæ on the chest and abdomen; the face being turgid, and the conjunctivæ injected; there was delirium, and at times severe pain in the head, as also in the back and loins; and the sense of hearing was morbidly acute; the pulse was 110, very feeble, and rather jarring; the tongue was injected at the tip and edges, dry, brown in the centre, and tremulously protruded; the mouth dry and parched, with thirst and anorexia; bowels confined; urine very scanty and high-colored; he lay on his back; was very weak and restless. He was ordered low diet, and to take six grains of mercury with chalk directly, and three drachms of castor oil in four hours; and to take fifteen grains of sesquicarbonate of soda in mint water three times a-day.

On the 27th the bowels were moderately open, the dejections yellow and watery; urine scanty, and very deep colored; the skin not nearly so hot, but dry; great pain and heat about the head, with delirium; position supine, and low down in the bed. To repeat the castor oil and mixture.

On the 28th his intellect had become more dull, with muttering delirium; bowels were confined; he complained of pain in the hypogastric region on pressure, but there was no fulness; the urine was very scanty; pulse 120, very feeble, but jarring; maculæ of darker color, and very abundant; the head hot, the eyes suffused, and conjunctivæ injected; general surface cooler; prostration very great. He was ordered fifteen grains of rhubarb and calomel directly, and to continue the mixture, and apply an evaporating lotion to the shaven head.

On the 29th he was reported as having passed a very restless night, with raving delirium, now low and muttering, lying apparently motionless in bed; the tongue was dry and brown; pulse 130, very feeble; skin below the natural temperature; still tenderness in the hypogastric region, but the bladder was not distended; bowels were open last night, and at the same time he passed some urine, but none had been passed since. He was ordered three grains of mercury with chalk night and morning, and a castor oil enema if necessary. In the afternoon he was seized with convulsive spasms, which gradually became more severe. An injection of infusion of senna and sulphate of magnesia was administered; a blister was applied to the nape of the neck, and sinapisms to the soles of the feet, but without any beneficial result; as in the course of an hour he had fresh convulsions, in one of which he sank; the maculæ had assumed the character of petechiæ.

Morbid Appearances Forty-two Hours after Death.

There were petechial spots beneath the peritoneal coat of the intestines; the glands of Peyer were prominent, but not ulcerated; and the lower part of the mucous surface of the ileum was much congested, with a few spots of ecchymosis; the liver was rather congested; the spleen was large, congested, and very lacerable.

Both kidneys were very much congested, large, and flabby, their structure coarse; and there was a large cyst, intersected by fibrous septa, in the left, containing a grumous, dark-colored fluid.

The bladder contained a small quantity of urine, which was albuminous.

The Head.—There were numerous glandulæ Pacchioni at the vertex; and there was slight sub-arachnoid effusion on the convexity of the hemispheres; and there was ossific deposit in the inferior border of the falx major, to the extent of an inch or more; the cerebral vessels were congested, and the puncta vasculosa numerous; the ventricles contained a small quantity of straw-colored fluid.

Case II. — John Dobson, aged eighteen, a piano-forte maker by trade, resident in Whitechapel, was admitted into Job Ward, under Dr. Babington, on February 1; having, ten days before his admission, been attacked with vertigo, pain in the head and bowels, with muscular prostration, and aching of the limbs, which increased, especially the pain in the bowels, till his admission, when he was so dull, and his manner and answers so incoherent, that no satisfactory account of his symptoms could be obtained from him. His aspect was anxious and depressed; he lay on his back and complained of intense pain in the abdomen, which was increased on the slightest pressure; the bowels were open; the evacuations yellow, loose; the skin very hot, and dry, with thirst and anorexia; the tongue was injected, dry, coated with a brownish fur; he had a troublesome cough, and slight mucous expectoration, with hurried respiration; pulse was 130, small, feeble. Low diet was ordered. Twenty leeches were applied to the abdomen, followed by hot poppy fomentations, and two grains of mercury with chalk, and two of Dover's powder were ordered three times a-day, and ten grains of sesquicarbonate of soda every six hours, in mint water.

On the following day the abdomen was less tender and painful, but tympanitic; he complained of constant nausea, but no vomiting; he was still more depressed; the extremities cold; pulse 145, small, and thready. He got no sleep, and his countenance was more anxious; bowels had not been open since admission. Ordered to have beef-tea and arrow-root, to take a pill every six hours, and three drachms of castor-oil, and three minims of tincture of opium directly. He gradually got lower and weaker, and in the evening wine was administered. He gradually, however, sunk into a greater state of collapse, and died early on the following morning.

Morbid Appearances, Seventy-two Hours after Death.

The face was bloated and full; the peritoneum covering the intestines was very vascular, presenting an arborescent red appearance; and there was a thick layer of plastic lymph, of a butyraceous appearance, over the intestines, loosely glueing them to each other, as well as to the omentum, liver, and adjacent parts; and in the pelvis was a small quantity of fluid, resembling that usually found in the small intestines. On carefully separating the intestines, a small perforation was found in the ileum, the size of a small pea, about three inches above the cæcum, with white, rounded edges. On opening the ileum, its lower three or four inches presented numerous patches of ulceration, not extending beyond the ileo-cæcal valve, which was completely covered with ulceration on its iliac surface; some of the ulcerations were solitary, some aggregate. They were deep, with thickened elevated edges, with surrounding vascularity, and one of them was found to be the seat of the perforation.

Some of the glandulæ Peyeri adjoining the ulcerations were only slightly prominent.

The peritoneum covering the liver was also inflamed, and there was effusion of lymph upon it, and loose adhesion to the diaphragm.

The pleuræ were the seat of old firm partial adhesions.

The posterior borders of the lungs were congested as usual after death.

The membranes of the brain were rather congested.

Of the cases with cerebral complication, the following is interesting from the disease occurring in an hysterical patient, the symptoms induced by the cerebral mischief being modified by the hysteria, and enhancing the difficulty of the diagnosis.

Case III.—Emily Hall, a single, hysterical girl, aged twenty, living as a servant in the Borough, was admitted, under Dr. Bright, into Martha Ward, on December 11, having been ill fourteen days. Having been exposed to cold, and undergone much fatigue, she was attacked with rigors, followed by severe pain in the head, with lassitude, aching in the limbs, and general pyrexia. Aperient medicines, and the application of leeches to the head, produced temporary relief, but the symptoms were afterwards aggravated, till the period of admission, when she presented a dull, oppressed countenance, and was slow in answering and dull of comprehension; there was hot, dry skin, flushed face, and slight pain in the head, with abdominal tenderness; she was delirious at intervals, especially during the night; the respiration was hurried; the pulse 100, moderately full, and sharp; the tongue was injected, and covered with a dry brown fur; the mouth and throat clammy, and covered with adherent mucus, and the teeth beset with sordes; great thirst, and anorexia; the bowels were regular, and the evacuations liquid; she had not menstruated for eight weeks. She was ordered to have low diet, and to take ten grains of sesquicarbonate of soda three times a-day in mint water, and four grains of mercury with chalk, followed in four hours by half an ounce of castor oil; after which she had six or seven liquid evacuations, and on the 12th she expressed herself free from pain; but on the 13th, after a restless night, with noisy delirium, pain in the head was increased, with vertigo; the pulse 110, small, and intermitting; the lips were more parched; the tongue was more foul, and covered with dark fur; the bowels were open. Three grains of mercury with chalk, and half a grain of ipecacuanha, were ordered every night; an evaporating lotion was applied to the head, and the mixture was continued. From this period she continued much the same, passing delirious nights, until the 16th, when, having slept much better, though still disturbed by spectral illusions, the tongue was cleaner and moister; the pulse 132, weak, and small; and the bowels open.

On the 17th she complained of tenderness on pressure in the hypogastric and left lumbar regions, with a rather relaxed condition of the bowels. She was ordered to continue the mixture, and to take a grain of mercury with chalk, half a grain of ipecacuanha, and eight of compound chalk powder, three times a-day; and on the 19th, having been very noisy and delirious during the night, and the bowels, which had been more regular, being again much relaxed, a starch injection, with half an ounce of syrup of poppies, was given, after which she was much more composed and comfortable; the abdomen still continued tender; the tongue was much cleaner, but very red and injected; the pulse 110, soft, feeble. This amendment continued until the 21st, when she became prostrate in bed, moaning, and much oppressed; the bowels were then more relaxed; the pulse 126, small, feeble, but sharper; the tongue dry and red. Chalk mixture, with eight minims of ipecacuanha wine, were given every four hours, and one of the powders every night.

The bowels continued relaxed, but less so, and she was delirious and restless at night, till December 24, when she had slept better; the tongue was moister, and clean; the countenance improved; and the pulse was 110, fuller, but still rather sharp. Beef-tea and arrow-root were given, and six grains of extract of papaveris, one of mercury with chalk, and half a grain of ipecacuanha, every night, and the chalk mixture continued.

She continued improving; the pulse becoming softer, and about 100; the tongue less injected, and moist; and the bowels more regular; but she slept badly, though without delirium. She remained more intelligent until the 29th, when delirium, with great oppression and prostration, again appeared; the pulse rose to 120, became fuller, and sharp; the tongue coated; the face flushed; and scarcely could an answer be obtained from her; the bowels were open once. She was prescribed a grain and a half of calomel, two of mercury with chalk, and five of extract of hyoscyamus, night and morning, and the chalk mixture if required.

She got worse until January 3; becoming very delirious, with hysterical laughs and shrieks, and apparently insensible to questions addressed to her. A grain and a half of camphor was added to each dose of the pills.

On the 4th she was more oppressed, almost comatose, lying supine, with the head sunken, and the tongue dry and brown; the pulse 120, feeble, jarring; the bowels relaxed. A blister was applied to the nape of the neck; the chalk mixture and ipecacuanha continued; and the pills given every four hours.

On the 5th she seemed much relieved, answering questions, and had less prostration; the tongue was moister and cleaner; and as there was no mercuria action on the gums, mercurial unctions were rubbed into the axilla twice daily, and the pills continued.

She was still improving on the 7th. The gums were rather tender, and red at the margins; she complained only of slight pain in the head. The ointment was used every night, and the pills taken every six hours; and a mutton chop was ordered, and chalk mixture should the bowels become relaxed. The gums becoming more tender, the ointment was omitted on the 10th, and the pills were taken every night only. She was then very much improved; the pulse was 100, soft, but feeble; the appetite returning; the bowels regular; the skin cooler; and the tongue moist and clean; slept well; but had a frequent hysterical laugh.

On the 14th two grains of camphor, and three of extract of hyosciamus, were ordered every night, and the other medicines omitted; and, with occasional hysterical symptoms, she continued improving until the 23rd, when pain appeared in the right ear, with deafness and otorrhœa. Three leeches were applied behind the ear, and a poultice. These symptoms subsided in a few days; her health and strength gradually improved; and, continuing hysterical at times, she was well enough to leave the hospital on January 31, having been about the ward for a week or two.

THE COLD WATER CURE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—It is very generally reported that a wonderful cure, by the cold-water system, has been lately effected by Mr. Rotch, of Harrow, ex-chairman of the county of Middlesex.

The particulars of the case, as I have heard of them, are as follows:—The patient, an old lady, between seventy and eighty, Mr. Rotch's own mother, residing in London, became affected with the low nervous fever, of a typhoid character, that has of late prevailed a good deal. She was placed under the care of Dr. Roe, of Hanover-square, and Mr. Wakefield, both personal friends of Mr. Rotch. The disease was progressing uncontrolled by the remedies prescribed. Dr. Mestallier, the medical superintendant of the Bath hydropathic establishment, another of Mr. Rotch's friends, was sent for to see the patient. That gentleman paid a hurried visit to the metropolis, and, on examining the patient, advised immediate recourse to the wet sheets, &c. As the regular medical attendants had not then despaired of making a cure, Mestallier's suggestions were not attended to, but several days after, when, in the opinion of Dr. Roe and Mr. Wakefield, the case was hopeless—when, in fact, they pronounced the old lady *in extremis* —Mr. Rotch had the moral courage to apply the cold water treatment, remarking to the physician that it would do no harm, as of the recovery of the patient there was no hope. The process then pursued was this: A sheet was soaked in cold water, and the patient, quite naked, was wrapt up in it, the face only uncovered; over that covering were then placed several *couches* of dry blankets, rolling up the patient something like a mummy. Thus encased, she remained on the bed, getting a plentiful supply of cold water to drink. Perspirations soon began to come on, and in the course of an hour it was profuse. From that instant the patient began to rally, and after several repetitions of the same treatment at due intervals, the recovery became perfect, and the old lady is now as well as she has been for many years.

I report this case to you, and I, by your will, publish it, in the hope that Dr Roe or Mr. Wakefield, or both of them, will lay all the particulars before the profession, and say whether they really did or not pronounce the case hopeless, and the patient *in extremis*. Their names are now very freely mentioned, and, should they remain silent after the publication of this, the report of this singular cure now so industriously circulated will be entitled to credit.

To authenticate this communication, I send you my card, and have the honor to be, Gentlemen,

Your obedient servant,

August 7, 1843. M.D.

*** Deeming it most desirable that the hydropathists should not even enjoy the advantage which the publication of "M.D.'s" letter might possibly have afforded them during the few days that it would have remained unanswered, we delayed its insertion until the reply of the gentlemen whose names are mentioned therein could be published conjointly with it.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—Called upon as we are by your correspondent to say whether the lady alluded to in his letter was cured by cold water after we had given her over, we feel bound to say that we never did give her over—we never considered her *in extremis*,—nor should we have entertained the *smallest* apprehensions of a *fatal* result, were it not that causes which have little or no effect upon young persons, often extinguish the feeble flame of life in those who have attained the advanced age of seventy-eight.

We have the honor to be, Gentlemen,

Your obedient servants,
Hamilton Roe.
Henry Wakefield.

ASPHYXIA THREATENED BY A NASAL POLYPUS.

A girl, aged thirteen, was seized suddenly, after a slight fit of coughing, in the midst of the most perfect health, with extreme dyspnœa, threatening suffocation, and at the same time lost all power of swallowing and of utterance. Medical assistance being called, a fleshy mass, in shape and size like a large flattened pear, was found filling the mouth, which it prevented from being closed, and at the same time produced all the other symptoms. On a more minute examination, the mass was found to be a nasal polypus, growing by a pedicle from the septum narium, immediately above the uvula. It had grown downwards into the pharynx, and, so long as it remained there, had been productive of little annoyance; but, being expelled from this situation by the fit of coughing, it was forced into the mouth, and at once brought the patient's life into jeopardy. A noose of silk being passed round the pedicle from the nostril, was tied, and the mass removed, level with the velum palatæ. The patient experienced immediate relief, and the part included in the ligature having fallen in due season, she recovered completely.—*Kirrisch. in Oester. Med. Wochensch.*

UNIVERSITY OF LONDON.

BACHELOR OF MEDICINE.—FIRST EXAMINATION, 1843.

EXAMINATION FOR HONORS.

[The names are arranged in the order of proficiency.]

Anatomy and Physiology.

Jackson, Alfred (exhibition and gold medal), University College.
Jemmett, Benjamin Lancaster (gold medal), King's College.
Hakes, James, University College.
Redfern, Peter, Queen's College, Edinburgh.
Eyre, Benjamin Magor, University College.
Littleton, Nicholas Henry, University College.

Chemistry.

Hakes, James (exhibition and gold medal), University College.
Jemmett, Benjamin Lancaster, King's College.
Littleton, Nicholas Henry, University College.

Materia Medica and Pharmaceutical Chemistry.

Hakes, James (exhibition and gold medal), University College.
Redfern, Peter (gold medal), Queen's College, Edinburgh.
Jemmett, Benjamin Lancaster, King's College.
Jackson, Alfred, University College.
Littleton, Nicholas Henry, University College.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, August 18, 1843.

H. S. Wharton, E. H. Ambler, J. A. Poole, J. T. S. Jolley, W. F. Coles, D. Davies, J. Beedell, P. Redfern, B. S. Tallan, C. M. Wayte.

BOOKS RECEIVED.

Facts and Observations relative to the Influence of Manufactures upon Health and Life. By Daniel Noble, M.R.C.S., &c. &c. London: Churchill, 1843. pp. 81.

On the Arrangement and Nomenclature of Mental Disorders. By Henry Johnson, M.D., Edin. pp. 33.

TO CORRESPONDENTS.

We cannot publish the letter of *Dr. Edward Johnson* on hydropathy, which has already appeared in the "Morning Post."

Dr. Moris's paper on spinal irritation has been received, and shall appear as soon as we can make room for it.

An Aspirant (Bath).—The College of Physicians have no right to grant degrees in medicine, and their newly-created *extras* have no right to the title of Dr., at least arising from their connection with the college. The whole affair is a gross money job, and nothing less.

Communications have been received from *Mr. Fletcher*, Shiffnal; *Dr. Favell*, Sheffield; *Mr. Smart*, Cranbourne.

ERRATA.

We are requested to notice the following errata in Mr. Copeman's paper, contained in No. 150:—At page 405, col. 1, line 35, for "ammonia," read *potash;* at col. 2, line 20, for "arterialisation," read *imperfect arterialisation.*

In last Number, page 430, col. 2, line 25, for "on," read *or;* line 29, for "Wurzel," read *Wenzel.*

MEDICAL.

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Part II will be Published November 1, and Part III, completing the work, on March 1, 1844.

London: Henry Renshaw, 356, Strand.

8vo, sewed,

ON THE ARRANGEMENT AND NOMENCLATURE of MENTAL DISORDERS: a Prize Essay, to which the Society for the Improvement of the Condition of the Insane awarded the premium of twenty guineas, March, 1843. By Henry Johnson, M.D., Edin., Senior Physician to the Salop Infirmary.

London: Longman and Co. Shrewsbury: John Davies.

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Theory and Practice of Surgery—Mr. Hawkins and Mr. Babington.
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Two Prizes, the gift of William Tooke, Esq., F.R.S., of £15 and £10 respectively, will be awarded for general proficiency.

Clinical Prizes in Medicine and Surgery will be awarded by the Physicians and Surgeons of the Hospital.

A Theological Prize will be offered by the Chaplain of the Hospital to such Students as may be desirous of competing for it.

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Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand; and Published by Henry Renshaw, at his residence, No. 356, Strand.—Saturday, August 26, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 153.] LONDON, SATURDAY, SEPT. 2, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

COURSE OF LECTURES ON VENEREAL AFFECTIONS

DELIVERED

AT THE HOPITAL DU MIDI, PARIS.

By Dr. Philip Ricord.

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LECTURE XIII.

June 20, 1843.

Part III.—Indurated Chancre.

Causes of induration—Symptoms—Nature of induration—Irregularities of chancre in general during its period of cicatrisation.

Gentlemen,—In my last lecture I introduced to your notice the subject of chancre in two of its deviations from the natural course. Induration is the third, the most important, perhaps, particularly with respect to the history of syphilitic symptoms, and shall this day occupy our attention.

The indurated sore, also called "callous," was described by John of Vigo, and formed the type from which Hunter drew his celebrated definition of the primary ulcer.

Causes of Induration.—In any part of the human body a chancre may become indurated; the seat of the sore is not, however, without some influence. The induration appears more complete in the furrow, which separates the prepuce from the glans, than in any other region. Induration has been stated to result merely from the cauterisation of chancre, and Fricke's experiments are produced to prove the assertion. The Hamburg physician showed that the application of corrosive sublimate to the prepuce may give rise to the development of ulcers supported by a hard base, in all respects similar to that of indurated chancre. The remark is true, and those observers who depend for the accurate diagnosis of chancre on the mere physical appearances, must of necessity be frequently thrown into very great uncertainty and hesitation. I assert that the plastic infiltration of the sores, produced by corrosive sublimate, does not differ in any of its characters from that of chancre, and that the diagnosis rests altogether upon the impossibility of producing the results of the inoculation of primary sores with their secretion, and also upon their being never followed by constitutional symptoms—two circumstances which are constant concomitants of indurated chancre.

Symptoms.—Indurated chancre, generally indolent, often exists unperceived. In such cases, which, I regret, are far from uncommon, it is not to be wondered at if incubation has been admitted, although no interval really did exist between infection and the inflammation of the affected spot. Mr. Babington is of opinion that these chancres *begin* by induration. Ever since I have been attached to this hospital—that is, for a period of twelve years—I have made these ulcers the special objects of my attention, and I have constantly observed the contrary to be the case.

A chancre *never* becomes hard before the fifth day from infection; but induration may occur at a much later period, being, in my opinion, influenced by a particular state of the constitution, which may not exist at first, but may set in at a later period of the existence of the primary ulcer; hence the precept, which I deem of immense importance, to destroy the chancre as *early* as possible.

Nature of Induration.—All that we know of the nature of the induration is, that it is formed by plastic coagulable lymph, effused either in the cellular tissue, or, what I am inclined to think more probable, in the capillary lymphatics. Induration begins at the base of the chancre. Bell accurately compares the hard chancre to the half of a broken pea, observed in tissues of the same dense structures; the hardness is regular, but if the tissues occupied are not homogeneous (for instance, induration seated in the same tissue, on the prepuce and glans), it deviates more or less from its usual round form.

The density of the infiltration is very great, and is possessed of a truly cartilaginous elasticity. The edge of the hardness frequently stands out in relief, and its color is the dead white of a cartilage, visible through a semi-transparent medium. The base of a chancre may be indurated, whilst its edges are not. The contrary may occur, as Wallace has mentioned, and as I have myself observed in the *chancre induré annulaire;* but in general the edges and base are equally occupied.

The edges of callous chancre are not jagged; the sore has little tendency to the secretion of diphtheritic matter, and the areola is habitually absent. The white cartilaginous circle forms for the indurated sore an areola of its own, contrasting, by its color and its density, with that of simple chancre. The indurated ulcer is slow in its manifestation and in its increase; spontaneous cure is very seldom observed, and this chancre remains in general longer than any other in a state of *statu quo.*

I purposely abstain from any special description of the grooved chancre of Dr. Desruelles, or the chancre "*en œil de perdrix;*" they are unimportant modifications of indurated chancre, depending simply on its particular seat. But I cannot omit mentioning the gangrenous variety. The irritation caused by untimely stimulant applications, excessive inflammatory action, or unusual rapidity in the induration, incarcerate, as it were, the distended cellular tissue within the areolæ of the infiltrated dermis, and cause mortification, from a kind of local plastic apoplexy.

The chancre, hitherto indolent, becomes, when gangrene sets in, painful and irritable; its surface is dotted with black spots, and cannot better be compared than to the aspect of the sore consequent on furunculus.

Indurated chancre, whatever be its particular form, is also remarkable by the extreme frequency of the occurrence of secondary symptoms after it.

Irregularities of Chancre in general during its Period of Cicatrisation.—Deviations from the typic form are not only observable in the incipient stage and further progress of chancre, but also in its period of cicatrisation. Excessive, exuberant granulations, may induce a fungoid appearance, or even become the cause of vegetations. In neither case has the surgeon to cope with a special sore, but with accidental deviations, depending on imperfect treatment or total neglect. During granulation, the patient being under the influence of the syphilitic diathesis, chancre may put on the aspect of mucous tubercle; hence the error of many writers, who have considered this form of constitutional disease as a primary result of infection. For a shorter or a longer time induration persists after complete cicatrisation.

I feel confident that in one half of the chancres no cicatrix whatever remains to bear witness to the previous infection; but when a cicatrix remains, it may be elevated, depressed, or on the same level with the surrounding tissues, according to the degree of granulation, and the extent of destruction undergone by the dermis.

M. Cullerier and myself were both called to give medical evidence in an important trial at Versailles. A gentleman stood inculpated of having communicated syphilis to his wife; the accused party presented no trace whatever of primary or secondary disease. We were called upon to state if it was possible that primary syphilis might disappear without leaving any trace whatever of its previous existence. M. Cullerier answered in the negative; I was of a contrary opinion. In the particular case, collateral evidence proved that I was right, and a verdict of "guilty" was returned.

In support of my opinion, I may say that I have seen many cases similar to the following:—A patient presented a sore on the penis, which inoculation showed to be a chancre; and the results of the inoculation in the thigh still existed, when all trace of the chancre on the genital organs had vanished.

EXTRACT OF INDIAN HEMP.

Mr. Savory has communicated to the "Pharmaceutical Journal" the following formula for preparing the extractum cannabis Indicæ:—Take of gunjah (finely bruised), four pounds, avoirdupoise; rectified spirit (0·838), five gallons, old m.; macerate the gunjah in two gallons of the spirit for seven days, then strain off, and add one gallon more of the spirit; let this stand four days, and strain; mix the two tinctures, and filter; then boil the hemp in the remaining two gallons for fifteen minutes, and filter *while hot*. Let all the tinctures be mixed; then distil off the spirit and evaporate the remainder in a water bath to the consistence of an extract. Produce—twelve ounces.

ON THE PROPRIETY OF OPERATING IN CASES OF CATARACT,

WHERE ONLY ONE EYE IS AFFECTED.

By Thomas Nunneley, Esq.,
Lecturer on Anatomy, &c., at the Leeds School of Medicine, and Surgeon to the Eye and Ear Infirmary, Leeds.

[*Read at the Anniversary Meeting of the Provincial Medical and Surgical Association, Aug.* 2, 1813.]

In presuming to bring the following short communication under the notice of the members of the Provincial Medical and Surgical Association, two circumstances have been fully impressed upon my mind, which I trust it will be found I have not violated. The first is, that whoever presents himself before the meeting, should remember the persons who constitute it, as well as the objects for which the Association was instituted, and by which its proceedings ought to be characterised, which will, I apprehend, lead him to select subjects of a practical nature, rather than to present to the meeting a lengthened or elaborate dissertation, which, however important the matter treated of may be, or however learnedly handled it may prove, is, I consider, much more fitted for the instruction of the student or the study table of the more advanced man, than for occasions like these; where persons who have already acquired the principles of their science, and are actually engaged in the arduous duties of active practice, have met for the purpose of asking each other the results which experience in the application of those principles has taught them, and how each may thus benefit by the information of the many.

The second point, which is intimately connected with the former, indeed follows from it, is, that regard should be had to the claims of others and the business of the society, so that too much time should not be occupied by a single communication. Indeed, so necessary do I hold this latter consideration to be, that, at the risk of being thought abrupt, I shall at once enter upon the subject, to which I request the attention of my auditors; nor shall I add to its length by many quotations from those authors whose names I may mention.

Cataract is one of those affections which are so frequently met with in all parts of the country, that there is probably no individual here present who has not oftentimes met with it among his patients; and, from the importance of the organs involved, has not considered the best means of removing it. When both eyes are affected, there appears to be no difference of opinion as to the propriety of an operation of some kind being undertaken at one time or another, and either upon one eye or upon both. But the state of opinion as to the propriety of interfering by any operative measure when only one is involved, is most contradictory. Into the general question of the nature of cataract, the advantages of the different kinds of operation hitherto proposed, the period of disease at which the operation is most advantageously to be undertaken, and whether both eyes ought to be operated upon at the same time, or only one, I do not purpose in the least to enter; although some of these points are far from being settled, farther elucidation, especially comparative facts, being still wanting; and to some of these I may possibly at a future time venture to draw the attention of the Association. I shall, at present, strictly confine myself to the question—supposing one eye only cataractous from any cause, ought the surgeon to interfere by operation for removing the opaque lens? General opinion, at least practice, would, I apprehend, say, no. My experience and reasoning would induce me to answer, yes. If we search the records of medical literature, we find the utmost discrepancy of opinion; and the advocates for and against operation are so nicely balanced, that when the circumstance of several writers on the eye not mentioning the case is taken into consideration, and especially some well-known and esteemed recent writers upon ophthalmic surgery deciding in the negative, the balance of authority would probably be thought by most to sanction the usual custom of not interfering with the opaque lens. In favor of operating may, amongst others, be mentioned the names of Maitre Jan, St. Ives, Dr. Smith, Mr. Carmichael, Mr. Travers, and Mr. Saunders. Sanson states that he has seen Dupuytren operate, and has himself operated many times, when only one eye has been affected, without any ill effect following.

Velpeau also says, that M. Roux, M. Luzard, and himself, have all operated when only a single eye has been affected, without any inconvenience, and that if the patient himself earnestly desires to have the operation performed, it ought to be done. Baron Wenzel, though he does not in every case advocate the operation, yet many of his cures were those where only one eye was affected; and lastly, since this was written, I have seen a paper by Mr. Middlemore strongly advocating operation.

On the contrary, against operation, may be quoted, as decidedly and strongly opposed to it, Warner, Walthen, B. Bell, Hey, and Pott; the two last especially mentioning traumatic cataract, which they consider an affection of the capsule alone, and consequently, they think, often spontaneously disappears. Mr. Lawrence and Mr. Mackenzie both state the general rule of not operating, which they appear to have thought satisfactory, and to have determined their practice; as I think it is evident from their expressions, they had not personally inquired into the question.

Among those who either do not allude to the question, or whose opinions are neutral, we may mention Scarpa, Wardrop, Sir W. Adams, Dupuytren (although Sanson says he has seen him operate), and Tyrrell, who, so far as I can ascertain, do not mention the case; while MM. Richter and Beer may be claimed by either party, though perhaps more fairly by those who do not interfere, as they at one period decidedly advocated the practice, and that as the result of much experience, but subsequently, without stating why, they recommend the general practice of not interfering; their authority, very possibly, in a great measure, being the cause of the prevalence of the general rule.

Mr. Guthrie reminds me of the man in one of Mathews's amusing characters, who, when asked if it would rain, replied, that it was very possible it might, but then, on the contrary, it was also very possible that it might not; for he tells us he has several times performed the operation, one eye only being affected, both satisfactorily and the reverse. And, lastly, Mr. S. Cooper, after alluding to various opinions, concludes by saying, "On the whole, I consider this question, which is a very important one in practice, by no means decidedly settled; and, as far as the evidence of various writers upon it extends, I think those who are in favor of operating upon a cataract, though the other eye is sound, have the best of the argument." Mr. Cooper speaks of argument; and this it really seems to be with both parties, rather than actual practice.

Those who deny the propriety of operating, state that one eye is quite sufficient for all useful purposes; that the operation itself endangers the unaffected eye; and, moreover, maintain that the more successful the operation is, the worse the patient is off; for, in consequence of the removal of the crystalline lens, the foci of the two eyes become so very different, that all objects appear confused and double. In opposition to which, the advocates of an operation assert, that two eyes are better than one; that the existence of cataract in one eye is of itself apt, sooner or later, to induce it in the other; and that, although the difference of focal length in the two eyes may be very important as a matter of theory, in practice it is not found to be so, because the difference may be easily remedied by a convex lens placed before the affected eye; and even that, in course of time, in many cases at least, the eye accommodates itself to its altered condition, so as to refract the rays of light in accordance with the sound eye.

Now, I apprehend, the propriety of operating or not must be mainly determined by the latter of these arguments—viz., the state of vision after the operation; for, I suppose, although it be granted a person sees sufficiently well with one eye, no one will deny that, *cæteris paribus*, two eyes are better than one; and from the well known fact that when the functions of any organ or structure is long suspended, the power of exercising the function becomes ultimately lost, it is, as a mere result of precaution, extremely important to keep the affected eye in such a state of activity, that in case any accident or disease happen to the other, its powers, even though somewhat impaired, may then be taken advantage of; which can only be safely and effectually secured by having removed the opaque crystalline lens, and permitted the light to keep up the activity of the retina. The fear of the sound eye being injured or lost by the operation upon the cataractous one, though possible, is, I consider, hardly deserving of notice; because, when the operation is properly performed, it must be so rare, as to be rather amongst the possibilities than the probabilities. While, on the other hand, the sympathy between the two eyes, not only in their healthy state, but in their morbid condition, is so strong, that those who have been accustomed to watch ophthalmic affections will at once admit the validity of the argument of removing any diseased condition of one eye lest the other also partake of it, for the singularity is, that when disease exists in one eye, not only is the other apt to become impaired, but for the corresponding structure to assume the very same morbid condition. Thus, if the conjunctiva in one eye is affected, that of the other is also very apt to assume the same diseased action; if the cornea, the cornea; if the iris, the iris; the lens, the lens; and so on; while it is also incontrovertible that the morbid condition of the eye primarily affected being removed, that of the one sympathetically or secondarily involved is also frequently remedied. Indeed, cases are on record where cataract having been removed from one eye, commencing cataract, or even amaurosis, in the other has been cured; and there must have been many, if not identical, at least analogous, instances. Indeed, in some cases where I have operated upon an eye in which cataract was fully formed, being only in an incipient state in the other, I have strongly suspected the progress of this latter has been much delayed by the removal of the opaque lens of the opposite eye.

Now, although every one may not be inclined to think the remote risk of the sound eye being lost from injury or accidental affection very great, nor the danger of sympathetic disease so imminent as to justify our incurring any immediate hazard to it by operative interference with the affected eye, yet no person will deny, that if in reality there is no such danger to the sound eye by operating upon the affected one, the possibility of these remote contingencies are solid arguments in favor of active measures being at once resorted to. The last argument, of confusedness of vision being the result of an operation, is so very plausible, and, indeed, imposing, that it is this which has, I presume, principally determined the general practice of not interfering when only one eye is affected, and which, I confess, formerly decided my practice; for I have sent many persons away without doing anything which, with what I have since seen, especially in the three cases to which I shall now shortly allude, I should certainly not do. Indeed, the fact itself that traumatic cataract sometimes disappears, as mentioned by Pott and Hey, as an argument against operating, is, in reality, a strong argument in favor of it; for, if not in all, at least in such of those cases where traumatic cataract disappears, the capsule of the lens has been ruptured, and subsequently has been absorbed, thus occurring what it is the object of an operation to accomplish; yet in these cases no mention is made of inconveniences resulting from the cure; and when the lens has been so displaced as to press upon the iris, everybody agrees as to the necessity of manual interference, lest not only the one eye be altogether lost, but the other be implicated in the change. The following cases show that, in point of fact, the double or confusedness of vision so much feared, does not occur, and that the patient sees as accurately and distinctly as he ever did:—

Robert Jennings, aged fifteen, a mechanic, applied to the Eye and Ear Infirmary in May, 1841, with lenticular cataract, fully formed in the right eye. There was no adhesion, no inflammation of the iris, or other texture. He states that some weeks before, while chiselling some brass, a portion struck his eye, since which he has gradually lost the sight of it. There does not appear to have been any wound of the cornea, nor rupture of the capsule. The iris being fully dilated, a needle was passed through the sclerotica, and the lens well broken up, portions being brought into the anterior chamber. This was twice repeated, at intervals of about two months. At the end of five months the whole of the lens was absorbed, but there remained a band of the anterior capsule, about as broad as a coarse thread, passing across the eye. To give them a chance of being absorbed, nothing was done until April, 1842, when, as it appeared rather thicker, I determined to divide it if I could, but if, as I suspected, it should prove too tough, to withdraw it. On the iris being dilated to a mere rim, the remains of the capsule was seen shrunk up with ciliary ligament. The band proving too tough to give way, I passed through the needle aperture a fine hook, and withdrew the band, in doing which the circle of capsule also became detached; as much as I could easily, I withdrew through the aperture, and cut off. No inflammation followed, and the next day he was at his work (which, I should state, he had not discontinued). The following is the entry in my note-book on May 7, just fourteen days after this last operation:—

Quite well in every respect; not the least trace of capsule; at the upper and outer part of the iris it is a little puckered at the pupil, near where the remains of the capsule had been extracted, as though a slight adhesion had there occurred, but its motions are good and active. I have very carefully examined the condition of vision. The sight of the eye, with a two-inch lens, is good, indeed, nearly perfect, as he is able to read without any hesitation whatever is placed before him. He has no confusion when at his work nor in the street; indeed, his answers to my questions, "Do you now see as well as ever you did?" and "Could you tell that anything had been the matter with the eye?" are, "I see as well as ever I did in my life, and I do not feel any difference between the two eyes. If I were not coming here I should not know anything was the matter." I do not suppose the right eye is at all employed in ordinary vision, as on closing the left, without a lens, he cannot see clearly unless an object be very distinct. Near to the eye all appears black.

July 27, 1843. I have this day examined Jennings, whose sight continues perfect; he has been constantly at his work, and says he can see to do it as well as any of the work-people.

The second case was complicated with rupture of the capsule, and partial dislocation of the lens.

William Harrison, aged seventeen, applied at the Eye and Ear Infirmary, November 13, 1841. Eleven days previously, while repairing a heckling comb, he broke off a large tooth, which struck his eye, since which he has felt great pain, but has done nothing. At present he cannot see with the eye; there is great pain and aching in the eyeball, iris, and side of the head; the eye is injected; there is a superficial wound of the lower part of the cornea; the anterior capsule of the lens has been ruptured, and the lens itself is pressing upon the nasal side of the iris; the lens is partially opaque; the motions of the iris are very sluggish, but there is not much inflammation of it, nor any adhesion. The needle was passed through the sclerotica, the iris being well dilated, and the lens freely broken up. Venesection, blister to the nape of the neck, darkness, local application of belladonna, blue pill, and opium, with purgatives, were prescribed. The inflammation and pain immediately subsided. On the 30th, as absorption appeared not to be going on rapidly, the needle was again introduced with good effect.

Jan. 29, 1842. Absorption has gone pretty well; no inflammation of the eye; has, since the last report, suffered much from pain and weight in head, occasioned probably by going to his work, and sauntering about the street. Needle again used, and completely passed through remainder of lens.

July 9. Pain in the head, which continued for some time, is now perfectly gone; a portion of the capsule, with a very thin layer of lens adhering to it, having remained stationary for several weeks, during which time he has been at his work; I have to-day completely detached the remains of the capsule, which is very thin, indeed, not thicker than natural, and by no means very opaque; iris completely natural in every respect.

16. Has been at his work all the week; did not present himself before because he was so well, and did not like to leave it; not any pain or inflammation; lens and capsule all disappeared, except a portion of the size of a small pin's head, which is in the anterior chamber.

23. A few days since struck his eye with a file, which rendered it very painful for two days; he has continued at his work; iris perfectly natural; there is still a small portion of the capsule moving about the anterior chamber, which is less than it was on the 16th. I have carefully examined his vision; he can see large objects when near indistinctly, much better at a distance; small objects, when near, does not see; cannot distinguish a line of print with the affected eye, but with a cataract-glass, of one inch and three-quarters' focus, can read easily, and without hesitation. There is not the least confusion in his sight now when at his work; at first there was some little.

Monday, July 31, 1843. I have this day found out Harrison; he has discontinued for some time his employment of mechanic, in consequence of his master having given up the branch upon which he worked, and being unable to get into another situation of the same kind, employment having been for long lamentably bad; he is now an assistant in a dye-house. It is altogether impossible to distinguish any difference in the appearance of the two eyes. He is perfectly competent for his present situation, but says that he thinks he could not well act as a pattern dyer, because, in order to distinguish accurately the exact shade, it is necessary to place the objects very near to the eyes in a strong light, and look closely, and when he has done this for some time his eyes ache, and there is a glimmering, as he terms it, and he sometimes sees the side of his nose, but it is only in such cases that he perceives anything indistinctly. Linen yarn was hanging near when I saw him, and he could with perfect accuracy discriminate the threads; where a small filiment was floating in the wind at one place, and at another two, he at once said, "Where was the single and the double portions?"

John Hewitt, aged twelve, applied August 13, 1842. While chopping wood, ten days before, struck his right eye with a portion which flew up. There is a wound of the superficial layers of the cornea, but it is not cut through. The anterior capsule has been slightly ruptured, and the lens, which is beginning to be opaque, is rather pressing upon the outer edge of the pupil. The whole eyeball is inflamed, but not very acutely, and there is considerable aching and pain. So much has been sung in praise of the wonderful properties of hydrocyanic acid, that I determined to give it a fair trial in this case, but, as there was some inflammation, which, if not subdued, would certainly destroy the eye, I thought it only prudent to subdue this before trusting to a means I was very sceptical of. This was effected in ten days, after which, for more than a month, prussic acid was daily dropped into the eye, during which time the lens gradually and steadily became more and more opaque, until it was quite white. Let it not be said the acid was not fairly tried, for, after the first day or two, never less than three drops, sometimes more, were put in; the iris of each eye became dilated, and on one occasion the lad was so much affected by it, that I was rather alarmed, and had to give ammonia freely.

The same plan, in breaking up the lens, was then pursued as in the others. It was also necessary, in order to render the pupil perfectly clear, to remove a portion of the capsule by the hook, as in the case of Jennings. At present there remains some opacity of the cornea, where it was wounded. Unless the iris be much dilated, no remains of the capsule are to be seen. The iris, by a point, adheres to the cornea where it was wounded.

The sight is in the same condition as that of Jennings. At first, on questioning him, he said there was some confusedness of vision, but there is not the least now. With a cataract lens, he can see as well with one eye as with the other; without it he does not see near or small objects. Both eyes being opened, he says he can see as well as ever he did.

I have thus briefly related these three cases, instead of merely stating the results, in order to show how very trifling were the effects produced by the breaking up the opaque lens; not being sufficient to prevent, for more than a few hours, the persons returning to their work, and sometimes, although against most decided orders to the contrary, I strongly suspect not even this.

Considering, then, on the one hand, the ease with which the operation may be performed; the little or no disturbance produced, either to the other eye or the general health; that in many cases of traumatic cataract, where the capsule is ruptured, the lens is ultimately removed, even when the surgeon does not interfere; and that what has been so much feared, and in my opinion constituted the only valid argument against the operation, the difference in the refractive powers of the two eyes producing confused or double vision, in reality does not occur; and considering, on the other hand, the arguments above mentioned in favor of operating, I think we are fairly justified in recommending that, not only in traumatic, but in all cases where a young person, one who is under middle age, has cataract in one eye, the lens should be broken up, and removed by absorption, which is the kind of operation (much as I prefer, under ordinary circumstances, extractive), in my opinion, best adapted to this class of cases. In conclusion, I would beg to observe that, in explaining why no indistinctness or double vision results, I would by no means be understood as adopting the explanation given by some, of the eye accommodating itself to its altered state, and adjusting itself to the focal length of the other eye—a power which I cannot see the possibility of it possessing; for although we may grant that the cornea may perhaps become so much more conxex, yet this can scarcely take place to such an extent as to compensate for the want of the dense double convex lens, whose especial function it is to converge the rays of light. On the contrary, I think it certain, that in viewing small bodies or near objects the impression made upon the eye from which the lens has been removed is so very weak, from the necessarily feeble and undefined image formed, that the sensorium, in having the sensation from the perfect image transmitted to it, takes no cognizance of it, even supposing the impression be strong enough to excite the retina and optic nerve to action; precisely as is the case with the eyes of many persons who squint, as was long ago shown by Dr. Reid and others.

A CASE OF TRACHEOTOMY,

PERFORMED FOR THE EXTRACTION OF A STONE FROM THE RIGHT BRONCHUS, AND TERMINATING SUCCESSFULLY.

By Edwin Casson, Esq.,
Surgeon to the Bradford Infirmary.

[*Read before the Provincial Medical and Surgical Association, Thursday, Aug.* 3, 1843.]

April 12, 1843. Rebecca Beaumont, a private patient, aged six, was playing with a small pebble in her mouth, when it accidentally passed into the trachea. When first seen, it was observed that, upon her making a strong effort to cough, a noise was heard in the trachea, as if a foreign body were passing up the tube to a certain point and then falling. Percussion was performed, and both sides of the chest were equally sonorous; but when the stethoscope was applied, the respiratory murmur could be heard only on the left side. The passage of air into the right lung was completely obstructed. There was not much dyspnœa, nor did the child complain of any pain; the most distressing period was when she made an effort to cough; the substance then appeared to be just large enough to fill the trachea, and brought on a sense of suffocation.

13. Passed a rather tranquil night, but towards morning had a violent fit of coughing, which produced symptoms of suffocation for some time; respiration quickened; pulse 130; little or no action of the respiratory muscles of the right side; slight pain in the chest about two inches below the clavicle; on applying the stethoscope, respiration could now be heard slightly in the upper part of the right lobe of the lung, but not at its lower and sternal side, which I suppose was caused by the substance having passed lower down the right bronchus. Six leeches to be applied, and a dose of castor oil given; afterwards the following medicine:—

Tartar emetic, half a grain;
Ipecacuanha wine, twenty minims;
Saline mixture, four ounces. A tablespoonful to be taken every third hour.

Chloride of mercury, six grains;
Ipecacuanha, one grain. To be divided into six powders, one to be taken between each two doses of the mixture.

To be kept in the recumbent posture, perfectly still and quiet.

Evening: Breathing quick, but less pain; appears more composed; skin moist; bowels relieved; pulse 100.

14 (Good Friday), Nine, a.m. Had a comfortable night; symptoms more favorable; coughed several times, but only once to move the stone so as to induce suffocation, when it was heard to pass up and down the trachea several times.

Noon: Not quite so well; respiration quicker; pulse 120. To give the medicines more freqently, and apply warm fomentations.

4, p.m.—Cough more frequent; sense of suffocation very severe. The friends now began to despair of the child's recovery, and were, therefore, willing that she should undergo the operation, the necessity of which had before been explained to them.

Having provided the instruments most likely to be required, I placed the child upon her father's knee, and sat on a chair opposite, one of my friends holding back her head firmly against the shoulder of her father, her extremities having been previously secured; I then made an incision from near the thyroid gland downwards to the sternum, about one inch and a half in length, cutting through the integument and cellular substance. I next carefully divided the fascia, which was firmer than I had expected, and, from the position of the neck, had the appearance of a partially inflated bladder. Underneath I could perceive a congeries of veins; these I was fortunate enough, with a little dissection, to push to one side, as well as a branch of an artery that crossed the trachea obliquely upwards to the thyroid gland. Placing the index finger of my left hand upon the upper edge of the sternum, and pressing my nail against the trachea so as to steady it, I then pierced it with a small pointed scalpel between two of the rings, and cut upwards until I had divided three of them; for the moment I both heard and saw the stone pass swiftly up and down. Finding that the opening was not sufficiently large, I again placed my finger, not only as a guide for the scalpel, but also to keep down the thymus gland, which rose up at almost every expiration, and forced before it some cellular tissue, preventing me from dividing another ring. This being done, and the opening into the trachea enlarged, I introduced the smallest sized lithotomy scoop, and caught the stone during an expiration, but was not able to extract it before I was compelled to withdraw the instrument to allow the patient to breathe. Having failed in another attempt, though the stone was all the time playing between the scoop and rima glottidis, and my friends distended the opening by drawing outwards both sides of the trachea with a pair of small double hooks belonging to a strabismus case, I afterwards introduced a pair of dressing forceps downwards into the right bronchus, but with no better success, though I occasionally felt it beat up against the point of the instrument. I then made use of a small pair of polypus forceps; but though I laid hold of the stone, it slipped before I could withdraw them. Seing that the little patient soon recovered after each attempt that I made, and that the more the passage was obstructed the greater was the muscular action during expiration, and the more forcibly was the stone dislodged from its position, I resolved to lay the patient upon her back, with her shoulders elevated, and her head a little depressed. I then introduced a pair of slightly curved polypus forceps down the right bronchus, about three inches from the external opening. The passage being obstructed, the attempt to expirate was so great that the stone was instantaneously driven with considerable force between the blades, but though I immediately and successfully closed them, it was only caught by the extreme points of the instrument. The quantity of frothy mucus that was ejected, or rather sputtered out, when either the stone was dislodged or an instrument introduced, and the short space of time that was allowed for each attempt, from the severe symptoms of suffocation and the violent action of the diaphragm, made the operation not only difficult, but extremely distressing to witness.

The edges of the external wound were brought together by a single suture and straps of adhesive plaster. The patient was immediately put to bed, with her head and shoulders considerably elevated, in which position she was perfectly easy, and in the course of an hour her breathing had become natural, pulse only 100, and skin moist.

Mixture of acacia, an ounce and a half;
Syrup of poppies, two drachms;
Ipecacuanha wine, twenty-five minims. A teaspoonful whenever the cough is urgent.

15. Has passed a tranquil night; slept two or three hours at a time; skin moist; a little mucus had forced its way through the external opening, on which account the lower strap was removed to allow a freer passage.

Evening: Appears composed; cough easier; pulse about 100; bowels relieved.

16. Bowels not relieved; breathes rather quicker; pulse 100; cough still continues troublesome, and more so when visited.

17. Morning: Not quite so well; slight pain a little below the right clavicle; pulse 120; breathes quicker; skin not so moist. Ordered a blister to be applied over the part, and the following medicine:—

Ipecacuanha wine, half a drachm;
Antimonial wine, two drachms;
Saline mixture, four ounces. A tablespoonful every third hour.

Ipecacuanha, one grain;
Chloride of mercury, four grains;
Prepared chalk, four grains;
Powder of acacia, two grains. Make into eight powders, one to be taken between each two doses of the mixture.

Noon: A considerable quantity of air and mucus escaped through the opening; dressings removed; wound looking well.

Nine, p.m.: Skin moist, and not so hot; pulse about 100; pain only felt during a paroxysm of coughing.

18. Better; skin moist; pain easier; bowels relieved by a senna mixture; expectorates more freely; less escapes by the wound.

Evening: Continues to improve; pulse about 100.

19. Gradually improving; bowels open; wound looking well.

20. Only a small quantity of mucus escapes through the external opening.

21, 22, 23. Going on well; pulse about 80; cough easier; wound closing fast; sits up in bed. The cough mixture to be continued, and the following medicine to be taken:—

Mixture of roses, four ounces;
Spirits of nitric æther, half a drachm;
Ipecacuanha wine, half a drachm. Mix. A tablespoonful three times a-day.

24 to 27. Up; wound nearly closed; no discharge of mucus; occasionally a short cough.

May 2. (Eighteen days after the operation.) Out; wound healed; cough nearly left her; pulse natural; appetite good; the girl in every respect looking well.

From this time the cough gradually ceased, and she still continues in the enjoyment of perfect health.

The stone was a small white pebble, of an irregularly oval form, weighing twenty-one grains, five-eighths of an inch in length, and above three-eighths of an inch across in its broadest part.

The clear and correct diagnosis here obtained by the use of the stethoscope, and its signal failure in Mr. Brunel's case, which occurred about the same time, the change of instruments necessarily had recourse to, and the depth to which the forceps required to be introduced before I could lay hold of the stone, the entire absence of hæmorrhage, with the few unfavorable symptoms, and the little or no suffering after the operation, render this case exceedingly interesting.

CASE
OF
RETENTION OF A FOREIGN BODY IN THE AIR PASSAGES
FOR NINE YEARS AND A HALF.
SUBSEQUENT EXPULSION AND RECOVERY.

By William Rose, Sen., M.R.C.S.

Rebecca Lovegrove, aged six years, in the month of November, 1812, was brought to me by her mother, who stated that the child, nearly a week before, had put a beech mast into her mouth for the purpose of cracking it, when it was suddenly drawn into the larynx, occasioning, as the mother described it, a sense of strangulation, which continued nearly three hours. At this time her breathing resembled, in sound and difficulty, that of a child laboring under croup. On making pressure upon the thyroid cartilage, she complained of a pricking sensation, and the conclusion was, that the mast, by its sharp, triangular edges, was transfixed in that part of the larynx, the concave figure of its sides admitting the passage of air; occasional attacks of coughing, with slight mucous expectoration, were the only accompanying symptoms; the appetite remained good, and no other function appeared disturbed. An emetic was administered without relief, the wheezing sound in respiration, whether asleep or awake, remained the same, and so continued for a year and a half. About this time her health became affected by loss of appetite and the frequent ejection of her food, when, during a violent fit of coughing, which had for some time become more than usually troublesome, the bursting of a vomica was evidenced by the discharge of pus and blood to the amount of half a pint, which at first threatened suffocation. *From this period the wheezing noise ceased* and her respiration became comparatively free and easy. Cough and expectoration, more or less daily continued, but at the end of every ten days or fortnight, the cavity becoming full, "half a pint"* of purulent discharge, very fœtid, both in smell and taste, was coughed up, usually preceded by a sense of fulness about the bronchiæ; the discharge, from the quantity accumulated and violence of the cough, was in part forced through the nostrils to a considerable distance. It was observed that, on the intermediate days, the expectorated fluid was much less offensive.

The foregoing symptoms, with large periodical discharges of pus, continued from May, 1814, to the 14th of May, 1822, when, during a fit of coughing, the mast was ejected, having entered the larynx in the month of November, 1812, and retained nearly ten years. The figure of the mast is perfect, having a crack on one of the sides.

The physiological influence upon the constitution in this case is worthy of remark, growth and development having been arrested in their progress. At the age of sixteen not the slightest appearance of the mammæ was to be perceived; the points of the fingers and toes projected considerably beyond the extremities of the nails, presenting a very curious appearance. About a week after the mast was ejected she was able to walk the distance of seven miles without fatigue, and sang her evening hymn, which she had not been able to do since the accident, nor, as her mother assured me, could she walk the distance of a furlong without exciting violent coughing, difficulty of breathing, and a pricking sensation in her throat, with pain in both legs, which had become much tumefied. In the year 1821 she consulted a physician, and expressed to him her belief that the mast was still in her throat, as, during a fit of coughing, she could feel it sliding up and down, causing a sense of soreness in the larynx, and, to use her own expressive words, she felt "as if it was coming into her mouth, and thought she could reach it with her finger." From the supposed perishable nature of such a substance, she was assured of the improbability of its existence, as at so remote a period it must have long since decayed and been expelled. He expressed an opinion that it had caused ulceration of the lungs, and gave an unfavorable prognosis. It should be remarked, however, that she remained free from any other phthisical symptoms, such as hectic fever, night sweats, or diarrhœa. A few weeks after the ejection of the mast, the periodical discharges of pus gradually began to lessen both in frequency and quantity; I saw her three months after, when a fit of coughing came on in my presence, a tablespoonful of pus being thrown up, the usual quantity then daily expectorated.

About a year and a half following the expulsion, growth became visible, the mammæ showed marks of development, and in two years menstruation commenced. Four years after she had a severe attack of bronchitis, when, from the large quantity of purulent expectoration, the existence of a cavity could scarcely be doubted. She was married about ten years after the expulsion of the mast, and has now four healthy children. An interval of one or two years has since occurred, in which both cough and expectoration had entirely ceased, but, on visiting her a few days since, not having seen her for several years, I found her with an infant at the breast, complaining of a return of cough and expectoration, which commenced and has continued since last Christmas, but without any other symptom than that of general debility, which may be accounted for from nursing, want of sufficient nourishment, and copious expectoration, the appearance of which confirmed my former opinion of the existence of a secreting cavity.

High Wycombe, Bucks, July 31, 1843.

CASE OF TRACHEOTOMY.

By Thomas T. Griffith, Esq.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—May I beg room for the insertion in your pages of the following case, which was to have been read at the Leeds meeting.

I remain, Gentlemen,
Your obedient servant,
Wrexham, Aug. 28, 1843. Thomas T. Griffith.

Sept. 5, 1841. John Fagan, aged five, whilst eating a small plum, suddenly fell down, apparently in a state of suffocation. On recovering, he said "the plum-stone had slipped into his throat." Previously to my seeing him, a probang had been passed and he had vomited, but nothing was seen or felt of the plum-stone. Shortly after this I found him with a turgid, anxious countenance, hurried and difficult respiration, and a hard, sonorous, and frequent cough. He pointed to the trachea as the seat of distress. Inspiration was easy and regular; expiration broken and noisy, particularly so at the upper and right side of the sternum. There was no sound of obstruction in the trachea. This state of things lessened, his feelings were soothed, and, with the addition of simple remedies, he soon became calm and easy, passed a good night, and on the following day was playing in the streets. My conviction of the presence of a foreign body in the chest led to his being removed to the infirmary, where he was kept in bed, and constantly watched. On the second day severe dyspnœa came on, and in my absence he was bled with some relief, and subsequently for the same symptoms leeches were applied. A temporary suspension of distressing symptoms succeeded, and as, from repeated examinations, I believed the plum-stone to be fixed, and as he was never left alone, I awaited the result.

On the morning of the fourth day violent and distressing paroxysms of dyspnœa came on, often menacing immediate suffocation, and attended with some degree of stupor and a turgid state of the veins and a rapid pulse. The question now fairly presented itself, whether these alarming symptoms depended entirely on the presence and situation of the foreign body, and admitted of no relief but from its removal—or whether tracheotomy, in preference to all other means, did not present the best mode of relieving and sustaining the respiratory process at a moment when its fatal arrest was threatened by spasmodic closure of the glottis, or the sudden propulsion of the plum-stone into that aperture? In anticipation of this state of things, I had previously determined to open the trachea, and the operation was immediately performed.

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* This quantity the mother repeatedly asserted was the amount.

The boy being properly placed, I raised a fold of skin, and, dividing it, formed a longitudinal wound in front of the trachea, extending from the first ring to the upper part of the sternum. By thus lifting up the skin, I escaped wounding a large turgid vein, which lay in the subcutaneous tissue; and the extent of wound not only gave facility to the future steps of the operation, but allowed the blood to flow readily over the chest, instead of accumulating in front of the trachea. This organ was soon laid bare, and with but little hæmorrhage. The violent struggles and cries of the patient for a time frustrated the attempts to fix the windpipe; but when this was done and cautiously punctured by the side of my finger, I enlarged the opening upwards through three rings with Cooper's hernia knife, which for this purpose answered very well. An immediate rush of air from the chest inflated the cellular tissue around the wound, and over the neck and left side of the face. Some blood collected in the air tubes, and occasioned much distress to the little patient. He was immediately raised to the sitting posture, and I passed a large male elastic catheter into the chest, which not only secured the ingress and escape of air, but acted as a sound in searching for the foreign body, which I could not discover. The breathing now became calm and the boy quiet; the catheter was then removed, and the patient placed in a proper position in bed, where he remained constantly watched for twenty-four days. Nothing distressing occurred, and the wound gradually closed.

On the twenty-fourth day, he said he felt the plum-stone passing from the left side of his chest into the trachea. This was followed by a most violent convulsive cough, croupy breathing, hurried and obstructed circulation, and all the distress and alarm that would naturally affect a sensitive child under such circumstances. The free state of the stone, and the impending danger, urgently called for an artificial opening in the trachea, which I made; and through it, after the expulsion of some muco-purulent fluid streaked with blood, the plum-stone was forced out during a fit of coughing. At once the little sufferer was relieved, and nothing of moment occurred to prevent his recovery at the end of about three weeks.

This case corresponds in its symptoms, treatment, and results, with a few others which have been recently recorded; and, collectively, they afford strong evidence in favor of tracheotomy, as our best resource in those trying cases where imminent danger and intense suffering demand our best-directed efforts. Though the performance of this operation cannot yet be considered the rule of practice, it is more than probable that future experience will sanction it, and prove the correctness of those pathological views which have led to its adoption. Mr. Porter, in his remarks on "the abnormal anatomy of the larynx" (*vide* "Cyclopædia of Anatomy"), observes—"It is probably a new observation, at all events it is one of great pathological interest, that spasm of the glottis may be produced by the presence of a foreign body lodged within the bronchia." He cites two cases illustrative of this statement, and of the practical value of tracheotomy as the surest and speediest means of relief, though the expulsion of the foreign body was delayed some weeks. About the same time, Mr. B. Travers published in the twenty-third volume of the "Medico-Chirurgical Transactions," a very interesting case, treated upon the same principles with success; and, in his concluding remarks, observes—"In section of the air tube, the escape of the foreign body appears to me to be a calculation secondary in importance to that of affording a prompt and effectual relief to the process of respiration. It is evident that the powers of life depend on this issue, and that these may be secured for a time by an artificial opening, although the source of irritation be still present."

CASES OF DIABETES.

By Charles F. Favell, M.D.,

Physician to the Sheffield General Infirmary, &c.

The following brief account of three cases of diabetes is curtailed from the much more extensive notes of my case-book. It appears to me that each possesses a peculiar interest—the first from the post-mortem examination which I succeeded in obtaining, the second from the effect of treatment, and the third from the mode of death.

Case I.—William Mallander, aged twenty-eight, a sickle smith, was admitted into the Sheffield Infirmary under my care on April 19, 1839. He is a married man, and has two children. According to his own account he always enjoyed good health till the commencement of his present illness, and has been very sober in his habits. He is accustomed to work near a very hot fire, which has generally occasioned profuse perspiration, and, whilst perspiring freely, he has been in the habit of exposing himself to the cold outer air. About six months since he was seized with pain in the stomach and bowels, which continued for a long time and was accompanied with excessive thirst, so that, he says, he sometimes drank more than six gallons of cold water during the night. During this time he passed a very large quantity of urine in the twenty-four hours. At present he is much reduced in flesh and strength; the appetite voracious; says he is always hungry, but experiences pain and uneasiness at the stomach after taking food; great thirst; mouth dry and parched; tongue clean, but very red; taste impaired; skin dry and constricted; never perspires, but complains of burning of the palms of the hands and soles of the feet; for some weeks has passed from four to five gallons of urine in the twenty-four hours. Urine of a pale straw color, having a smell resembling new hay, and a taste like honey; specific gravity 1·040; on evaporation, it yields a large proportion of solid extract, which has the smell and taste of burnt sugar. Bowels open; motions natural; pulse 90, small, and feeble; says he has never had any pain or uneasiness in his back, but complains of a sense of numbness in the inferior extremities. He was put on an exclusively animal diet; was ordered to be cupped over the region of the kidneys; to have a bath, at the temperature of 100°, every night; and to take the following medicines:—

Infusion of quassia, eight ounces;
Tincture of opium, three drachms. Mix. To take one ounce three times a-day.

Dover's powder, eight grains;
Compound antimonial powder, two grains. Mix.
To be taken every night after the bath.

After pursuing this plan for three days, the quantity of urine was considerably diminished, so that he only passed seven quarts and nearly a pint in the twenty-four hours, and during the same time drank five quarts of fluid; he had had some profuse perspiration; in other respects as before; a quart of urine yielded two ounces and a half of solid extract.

On the 17th the following was the report:—From eleven, a.m., on the 25th, to the same hour on the 26th, he passed nine quarts of urine, which he partly attributed to his having taken some porridge on the evening of the 25th. From eleven o'clock, a.m., yesterday, till the same hour to-day, has passed seven quarts, the urine is of a paler color, and has lost a good deal of its sweet odor; had some perspiration for about half an hour this morning; craving for food diminished; less thirst; complains of a sense of weakness at the epigastrium, where there is also slight tenderness on pressure; tongue clean, but red; pulse 80, of better strength. A drachm of tincture of opium was added to the mixture, and he was to have diluted nitric acid drink.

At the end of another week the report states that he passed six quarts of urine during the twenty-four hours; perspires freely almost every night, although he has omitted the use of the bath; skin not so dry; urine deposits a white sediment after standing for some time, specific gravity 1·040; appetite more moderate; eats a pound of beef steak each day, but says he could not eat more; thirst less; medicine agrees very well. Another drachm of tincture of opium was added.

On the 9th of May he was passing five quarts of urine during the twenty-four hours. The transparency of the urine was much diminished, and it had the consistence of mucilage; for some time after being passed, a quantity of froth accumulated on the surface; it was unchanged by heat or nitric acid; specific gravity 1·042. Another drachm of the tincture of opium was added to the mixture.

The reports from the 9th to the 23rd vary very little, except that for one or two days he had an attack of diarrhœa, and subsequently suffered from a slight pleurisy. On the 23rd the quantity of urine had again risen up to six quarts in the twenty-four hours, but the specific gravity had fallen to 1·036. Another drachm of tincture of opium was added to the mixture, and he was ordered to take fifteen grains of Dover's powder every night.

On the 28th there was a return of the pleuritis; the pain in the side was considerable; the friction sounds distinct; the cough distressing; expectoration moderate; inspiratory murmur very feeble; the quantity of urine as before. He was bled from the arm, had a blister applied to the side, and continued his medicine. The blood was buffed, but not cupped, and the crassamentum easily broken down.

On the 30th he complained of severe pain in the left iliac region, increased on pressure; and the bowels were much relaxed. Eight leeches were applied over the seat of pain. Eight ounces of the serum of the blood drawn on the 28th yielded, on evaporation, two ounces and three quarters of solid chocolate colored matter, which had a sour smell, resembling old dough.

On the following day he had lost the pain; the bowels only moved twice; motions natural; passed six quarts of urine, specific gravity 1·040. Another drachm of tincture of opium was added to the mixture, and on June 4th a drachm more was added.

June 6. He was perspiring freely, and passing five quarts of urine in the twenty-four hours, specific gravity 1·036.

On the 8th he was again seized with diarrhœa, but had no pain.

Infusion of quassia, six ounces and a half;
Tincture of opium, one ounce and a half. Mix.
To take one ounce three times a day.

On the 11th he had a return of severe pain in the bowels, unaccompanied by diarrhœa; there was no dowsiness during the day; slept well at night; and passed only three quarts of urine in the twenty-four hours, specific gravity 1·042. The pain and uneasiness in the bowels continuing, the mixture was omitted on the 13th, and he was ordered to take

Calomel, two grains;
Opium powder, half a grain. Every three hours.

He continued this for three days without any ptyalism being produced, and the pain having then entirely subsided, the calomel and opium were discontinued, and he began to take quinine. He remained in the house till the 25th, passing rather more than four quarts of urine, specific gravity 1·038, and then, at his own desire, was made an out-patient. He continued at home (in the country, about six miles from Sheffield) till August 9th, when he was again admitted into the house. He was then passing between five and six quarts of urine in the twenty-four hours, specific gravity 1·040, and decided symptoms of phthisis had developed themselves; the emaciation was very great. He remained in the house till the end of the month, with very little variation in the symptoms, and then, at his own request, was again made an out-patient. He lived for about two months after leaving the infirmary; and, thirty-six hours after death, I had an opportunity examining his body.

Post-mortem Examination.

The emaciation was extreme. The whole of the adipose tissue was entirely absorbed.

Chest.—The pleuræ on each side were closely adherent. The lungs were tubercular throughout, and contained several large cavities. Heart externally pale, right side natural, left ventricle thicker than natural, and the mitral valve slightly indurated.

Abdomen.—Stomach much smaller than natural. The lining membrane greatly thickened, and of a dark color. Towards the pyloric extremity the vessels much congested. Several tubercles were observed on the peritoneal surface of the right lobe of the liver, but they did not penetrate its substance. Liver natural in size, color, and consistence. Gall bladder full. Mucous membrane of small intestines much congested, and in some places ulcerated. Mesenteric glands greatly enlarged. Spleen remarkably small. The right kidney larger than natural, but the left nearly three times its natural size, lobulated, of a darker color, and much firmer texture. Coats of the bladder much thickened, and the bladder considerably larger than natural. The head was not examined.

The recital of this case has occupied so much larger a space than I anticipated, that the others must necessarily be postponed till next week. In the meantime, it may not be unprofitable briefly to advert to three topics, which must necessarily present themselves to the contemplation of every one who attentively peruses the foregoing account.

1. *What was the Cause of the Diabetes?* — The pathology of this generally incurable affection is even yet very imperfectly understood. Some writers place the seat of lesion in the kidneys, others in the stomach, others in the chyle vessels, others in the bowels, others ascribe it to self-pollution; whilst M. Bouchardat attributes the origin of the disease to suppressed perspiration, the acids from which, he supposes, become associated with distaste in the digestive apparatus. It is not necessary to make any observations on these various theories. I prefer endeavoring to ascertain what was the *point du depart* in the preceding case, and we shall then see how far it supports or illustrates one or other of these different views. My patient was a married man with two children, and had heretofore enjoyed good health. He worked near a hot fire, and usually perspired profusely. We do not learn, from the history of the case, that there was any sudden suppression of the perspirable matter, although he was in the habit (as most workmen in this neighbourhood are) of passing out of his hot workshop into the open air whilst the perspiration was very profuse. We often see men who work at the furnaces go deliberately into the cold, outer air, whilst the perspiration is literally streaming from their bodies. That it is occasionally checked, by such exposure, there can be no doubt; but diabetes is by no means a common disease amongst this class of persons; on the contrary, it is of very rare occurrence. But, on examining the case, we find that his complaints commenced with *pain in the stomach and bowels*, accompanied by thirst. When he was admitted into the infirmary his mouth was parched, and the tongue red (some evidence of gastric irritation). During the course of the disease the gastro-enteritic mucous membrane was often the seat of irritation or inflammation, and after death the lining membrane of the stomach was found to be excessively thickened, whilst the entire viscus was considerably contracted, the intestinal mucous membrane being also greatly injected, and partially ulcerated. I confess that to me it appears to be in the highest degree probable that in this case the *point du depart* was a subacute gastro-enteritis, in consequence of which the assimilating powers of the stomach were impaired, sugar was formed, and afterwards absorbed, and, being carried into the general circulation, operated as a stimulant to the kidneys. These organs, I believe, in the course of time became hypertrophied, in consequence of constant overaction. These views, I need scarcely remark, are very similar to those entertained, in reference to the general cause of diabetes, by Dr. Barlow and some other writers.

2. *The Effect of Treatment.*—When Mallander was first admitted into the infirmary, he was passing between four and five gallons of urine, of specific gravity 1·040, in the twenty-four hours. A line of practice was immediately adopted, and steadily persevered in, during the time he remained in the house. During this period there were occasional variations in the amount of the secretion, both with respect to quantity and specific gravity. At the time he was made an out-patient it had, for several days, amounted to four quarts and a pint, having a specific gravity of 1·038. Some degree of amendment had obviously been effected, but by no means sufficient to encourage any hope respecting the ultimate result. The warm baths appeared to have a good effect, since copious diaphoresis was speedily induced. Perhaps the Dover's powder and antimony contributed to this. Opium was not pushed to any considerable extent, as he never took more than fifteen grains a-day. The administration of opium in diabetes has been carried to a greater extent by Dr. Elliotson than by any other physician with whose writings I am acquainted. In one case he gave as much as *forty-five grains three times a-day*, but the quantity of urine remained steadily above the healthy standard (six pints per diem, it had been eight or ten), and the specific gravity ranged between 1·040 and 1·050. Dr. Warren, who may be regarded as the great advocate of the opium treatment, rarely gave it in larger doses than six grains twice a-day.

3. *The Post-mortem Appearances.*—Morbid anatomy has hitherto thrown but little light on the etiology of diabetes. Perhaps the foregoing account will not add much to the information we already possess, but it is nevertheless not devoid of interest. The complication of phthisis with diabetes has often been remarked. In the present case, the deposition of tubercular matter was very great, for not only were the lungs studded with tubercles, but they were also met within the peritoneal covering of the liver, and the mesenteric glands were very much enlarged, doubtless in consequence of tubercular disease. The kidneys were in a state of hypertrophy; a condition which Andral believes to be the most frequent morbid change met with in diabetes. The stomach and intestines, moreover, afforded the most decided evidence of having been the seat of long-continued disease. The changes observed in the bladder were unquestionably secondarily induced. Here, then, we perceive a lengthened chain of morbid changes. The question again presents itself, which should be regarded as the first link? My own mind is satisfied, and I leave the simple facts for the careful consideration of others.

Sheffield, August 24, 1843.

CASE
OF
RUPTURE OF THE LIGAMENT OF THE PATELLA.

By Jonathan Toogood, Esq.

The rupture of this ligament is an accident of such rare occurrence, that the following case, drawn up by the patient, may not be uninteresting to the Association. I have lately had an opportunity of examining the limb, which presents the following appearance. The ligament has been torn from its attachment to the tibia; the patella is drawn up, and become fixed in front of the thigh; the knee-joint is, therefore, quite uncovered; no bandage can be borne, as it is found materially to impede the motions of the limb:—

"Sir,—The accident to my knee, which happened four years ago the 27th of last May, occurred, as nearly as I can remember, in the following manner:—

"I was running very fast, and, fearing the object of my pursuit (a rat) would escape me, was in the act of endeavouring to propel myself faster by springing further at a time, when, the moment I made the effort, which was with my right leg, I felt a strong shock all over me, very similar to that of a tolerably good sized Leyden jar, highly charged, accompanied by a deep, dull sound, much resembling that produced by the breaking in of the covering stone of a shallow drain gutter. I got a tremendous fall, and, as soon as possible, I endeavoured to get on my feet, but found my right leg almost useless, and immediately discovered that I had injured my knee, and being alone I proceeded to walk home (about three-quarters of a mile), which I was only enabled to do by having a strong support in my hand, and keeping my left leg constantly in advance of my right, and bringing that up at every step, even with my left, without being able to move it one inch further forward at that time. As soon as I came home I sent for Mr. Kendall, who attended on me, examined my knee, and bandaged it up immediately. I then went to bed, when a considerable enlargement of the joint took place, accompanied by much pain, both of which continued to increase until about two o'clock the next morning, when the swelling ceased to enlarge, and the pain began to abate. I remained in bed about eight or nine days, during which time I kept my leg and thigh extended in a right line, as near as I possibly could, and, for a length of time afterwards, when I got out of bed (which was only to sit in a chair), I had always some one to assist me, and keep my leg and thigh in a straight position. I went on, I thought, doing tolerably well, until about the 24th of August (nearly three months), when I unfortunately got another fall, by my left foot slipping two or three inches into a wheel rut; my right knee immediately bent forward, and I came down on my back, and, while I was in the act of falling, I heard something in my knee snap, very much like the sudden breaking of a small dry stick; I then felt such very severe pain that it made my teeth chatter in my head, and a considerable enlargement of my knee again took place, which obliged me to lie in bed some days, as near in my former position as I possibly could. I had walked and rode on horseback frequently before I met with my second fall, and in the early part of that day I had walked nearly three miles, and I have also flattered myself that I could walk much better, faster, and stronger than ever I have been able to do since that time. After leaving my bed again, I continued to sit in a chair for a fortnight or three weeks, with my leg and thigh in the position I have just before described, the swelling gradually diminishing, and the pain abating, until my knee was reduced to its original size, which it took two or three months to do, and up to the present time I have never felt any pain whatever in my knee, except it may be a little fatigued at times in over-walking; I am never without a strong stick in my hand, for fear of an accident, for I am as liable to fall now, by the sudden giving way of my knee, as I was when the accident first happened. If I bring my thigh into an horizontal position, with my leg unsupported, it will immediately fall down to a right angle with my thigh, and I am not able, by any power in my knee, to move my foot forward out of that position; I can move it backwards or sideways as well, I believe, as I can the other.

"The above is the chief part of the particulars relating to the accident in my knee that I can at present recollect; but if there are any more questions respecting it that you would wish me to answer, I will at any time give you the best information in my power, and if you should feel desirous of any further examination of my knee, you shall be very welcome to do so at any time when it may be convenient to you.

I remain, Sir,
Your obedient servant,
JAMES WHITEFIELD.
Water-farm, Stocourey, August 29."

COMPOUND DISLOCATION OF THE ASTRAGALUS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The perusal of Mr. Turner's elaborate paper on Dislocations of the Astragalus, in the last volume of our Transactions, reminded me of a case of that description, which occurred a few years ago in my practice, the particulars of which, from notes taken at the time it happened, I should have had much pleasure in forwarding to that gentleman, had I been aware of his intention to publish on the subject. I now subjoin them for insertion in the pages of your valuable Journal, should you deem the communication of sufficient interest.

I have the honor to be, Gentlemen,
Your obedient servant,
T. W. W. SMART.
Cranborne, Dorset, August 24, 1843.

October 22, 1831. Robert Bush, an agricultural laborer, aged fifty, healthy, with the exception of having experienced repeated attacks of ague during the last three years, required my assistance, having met with the following accident:—

In attempting to change the station of an empty waggon which was standing on a declivity, it rushed down the hill, knocking him down backwards, and dragging him along with it, his clothes having become entangled in some part of the gear. I saw him about four hours after the accident, and found there was a clean, apparently incised, wound, extending from the right external malleolus across the ancle-joint to the inner edge of the tendo Achillis. The wound was gaping, and engaged between its edges, in front of the joint lay a considerable nodule of bone, which, upon close inspection, presented the superior articulating surface, and the anterior rounded head of the astragalus. The lower end of the fibula was exposed, but neither fibula nor tibia fractured. The foot was slightly inverted. The dislocated astragalus was still connected to the os calcis by a few ligamentous fibres, and, as it appeared to me to be useless to attempt its reduction, these were divided by the scalpel, and the bone removed. The operation was very painful, and caused syncope. No hæmorrhage followed, nor had there been much at the time of the accident. The foot was then restored to its natural position, the wounds accurately closed by several ligatures, the limb laid in the straight position on a pillow, secured by splints, and cold water was ordered to be kept constantly applied to the wound. To take two grains of opium. On examining the removed bone, it was found fractured in two places—viz, anteriorly, where some of the fibres of the deltoid ligament are attached; and posteriorly and internally, a corner of the superior articulating surface was broken off, and no doubt left attached by its ligamentous connections to the os calcis.

23. Restless night; foot and leg tender and painful; feverish. To take

Sedative solution of opium, half a drachm;
Tartar emetic, one grain;
Sulphate of magnesia, two drachms;
Camphor mixture, three ounces;
Distilled water, three ounces. Mix. A sixth part to be taken every four hours.

To take thirty minims of sedative solution of opium at bed-time. A lead lotion.

24. "Quite easy to what he was;" has slept and dozed a good deal; is quite collected; leg much swollen, and hot; a livid patch, with small vesications on the inner side of the calf. Repeat the mixture and lotion.

25. Removed ligatures; wound united; leg and foot still much swollen, but of a natural color; restless night; seems weaker; pulse 80, soft; complains of pain, which came into the left shoulder this morning, and has extended down the side of the chest, which is tender; it somewhat affects his respiration. Repeat the mixture, and let him have a three-grain calomel pill.

26. Restless night; hacking cough occasionally, and has expectorated once or twice a small quantity of blood; weaker; tongue brown in the centre, edges moist; the upper part of the left side of the chest in front emits a dull sound on percussion, with crepitating respiration; the foot is easy, and less swollen; the outer and inner side of the thigh is inflamed, swollen, very tender, with one transparent vesication; bowels not open. Let him have an ounce of castor oil directly, and a blister to the chest. To take

Tartar emetic, one grain and a half;
Nitric æther, three fluid drachms;
Solution of acetate of ammonia, two fluid ounces;
Distilled water, one ounce. Mix. Let him take a sixth part every four hours.

Bread and water poultice to the thigh; to have gruel, with a small quantity of brandy, at intervals.

27. Much worse, yet says he is better, and talks of recovery; some sloughing has taken place over the external malleolus, exposing the extremity of fibula; there is a large livid patch, with a dark vesicle containing putrid sanies, on the upper and outer part of the thigh, formed since yesterday; bowels freely open. To have wine.

28. Died at one, a.m., having vomited, half an hour before his death, a quantity of "corruption." Sixteen hours afterwards, putrefaction had extensively advanced. The leg and foot are pale, and not swollen, but the thigh and lower part of the body are tumid, and dusky red. No further examination made.

I well remember that, after the unfortunate termination of this case, it became a matter of anxious consideration to myself whether I ought not to have amputated the leg, especially when I reflected on the serious injury the ancle-joint had sustained in the loss of so important a part of its structure as the astragalus, and on the large amount of violence that must have been expended in producing a displacement, opposed by so many obstacles, and attended by such disastrous consequences. Since, however, the perusal of Mr. Turner's paper, I feel satisfied upon that point of conscience and of practice, being persuaded that I acted right in not attempting the reduction of the bone, as well as in endeavouring to save the limb. The fatal result must obviously be attributed to diffuse cellular inflammation, which, Mr. Turner observes, "is a very usual sequel of this accident."

PROVINCIAL MEDICAL JOURNAL

SATURDAY, SEPTEMBER 2, 1843.

We have observed that the newspapers have been unusually full of late of cases in which the attempt to produce criminal abortion has come under the cognizance of the legal authorities, in consequence of the injurious or fatal consequences to the unhappy females involved; but we cannot help thinking, both from our own experience and from that of many of our professional friends, that the number of instances in which this crime is perpetrated successfully, and without detection, is out of all proportion to the comparatively small number of cases that are found out and punished.

But this, like many other evils, is much more easily lamented than remedied. So long as the existing state of civilisation places restrictions on early marriage—so long as the indiscretion of youth, and the habitual sensuality of maturer years, have their force—and so long as the loss of her fair fame and social position hang over the head of the guilty female—in other words, so long as human nature remains what it is, the attempt will continue to be made to conceal and destroy the fruit of sexual transgression. And our own experience leads us to believe that the attempt is by no means so difficult as some writers seem to represent it. We find Dr. Guy, for instance, in his excellent "Principles of Forensic Medicine," stating, as the result of his investigations, "that there is no one medicine which can be depended on as a means of procuring abortion; that, if given in doses short of those which would destroy the life of the mother, they would almost certainly fail of accomplishing their purpose; that, when they do succeed, they place the life of the mother in jeopardy, and often sacrifice it; and that, for every case in which the mother escapes, there is, probably, one at least in which the mother and her offspring both fall a sacrifice, and one in which the mother dies, the child remaining uninjured in her womb.

"The fact is, that none but poisons, or medicines administered in poisonous doses, can be expected to produce abortion in any case, unless the predisposition to abortion is already very strong. When such predisposition does not exist, the mother is much more likely to fall a sacrifice, whilst the child remains intact in the womb, or is even born alive, than the child to be expelled, and the mother to survive; in other cases both the child and offspring will perish."

Now, we cannot help thinking that the danger and difficulty are both considerably overstated by Dr. Guy, and other writers on the subject, provided that the means are used cautiously, and by a practised hand. Instances are common enough, within the circle of our own professional observation, in which young women have confessed that they have been pregnant, but that they have taken something which has made them *right* again, as they express it; and we have heard of a French hag, living somewhere near Marylebone-lane, who enjoys no small share of fame for her success, the means which she employs consisting in the daily administration of the oils of pennyroyal and savine, with a violent cathartic at intervals of two or three days.

We may be asked, what is the use of calling attention to these circumstances, degrading as they are, but almost irremediable? We answer, that there may be one small class of cases in which the crime is committed in ignorance of its real nature and enormity. More than one accoucheur has a story to tell of an innocent-looking girl requesting to be disburdened of the fruits of clandestine sexual commerce, with as much coolness and *naïveté* as if she wished to be relieved from a troublesome tooth; and when remonstrances are made upon the wickedness of such a proceeding, the common reply is, that "there can be no harm in doing so before the little thing is alive, but that, at a later time, it would be very wicked, and not to be thought of." In fact, the opinion that the fœtus, for the first two or three months, is an insensate vegetable mass, but that it becomes *quick* at a definite period, was once held true in medicine, and adopted as the principle of legislation, and, although now discarded, it still lingers, like a threadbare garment, amongst the lower orders of society; and it serves, perhaps, to quiet the scruples of some few of the less hardened offenders. Here, therefore, is an opening, although we fear a very limited one, for the diffusion of medical knowledge, as a means of diminishing mortality and preventing crime.

REVIEWS.

On the Arrangement and Nomenclature of Mental Disorders: a Prize Essay, to which the Society for the Improvement of the Condition of the Insane awarded the prize of twenty guineas, March, 1843. By Henry Johnson, M.D., Edin., Senior Physician to the Salop Infirmary, &c. London: Longmans. 8vo. pp. 32.

Dr. Johnson tells us that when he became medical visitor of the Lunatic Asylum at Kingsland, near Shrewsbury, and in that capacity had to examine and give a name to the different forms of insanity under treatment there, he was made sensible of the urgent necessity for a good and comprehensive nosology of mental disorders, and his own wants, concurrently with the offer of a prize for public competition, from the Society for the Improvement of the Condition of the Insane, having led him carefully to study the subject, he presents us with the essay before us as the fruit of his inquiries.

The inherent difficulty of the subject, as Dr. Johnson well observes, may be estimated by the number of eminent men who have devoted their time and energies to the attempt, and the discordant and unsatisfactory results of their labors; for not only is it often impossible to say whether some disorders are to be considered as *mental* or physical, but some which are certainly mental run into each other by imperceptible gradations, or exhibit nearly all the different grades of mental disorder at different times. When we add the impossibility of devising abstract terms, that shall convey precisely the same meaning to all intellects—an impossibility which lies at the root of all controversies, metaphysical and theological—we cannot withhold our concurrence from Dr. Johnson's position, that the more palpable and practical the classification is, the better; if it cannot be perfect, let it be useful.

Dr. Johnson, therefore, proposes a *pathological* basis for his system, and classes the various forms of mental disorder under the three following heads:—

I. Defect of mind, occurring at birth, and depending on some congenital deficiency in the organisation. Such are idiotism, imbecility, cretinism.

II. The second class consists of non-congenital inflammatory disorders, including

Acute, phrenitis;
Subacute, hypophrenitis, olim delirium tremens;
Chronic, insania; divided into
  (*a*) Moral insanity, or pathomania.
  (*b*) Intellectual insanity; comprising mania, or raving madness; hypomania, or monomania; dementia, incoherence, or fatuity.

III. The third class comprehends all such mental disorders as are neither congenital nor inflammatory. They are always symptomatic of other diseases going on at the same time in the system, and proportioned thereto, and may be divided into two genera—delirium and hypochondriasis—the former being an attendant on fever and acute disease, the latter on chronic disorders of parts which implicate the ganglionic system of nerves.

The above is the substance of Dr. Johnson's classification, which we have abstracted for the use of such of our readers as take an interest in the treatment of the insane. We notice that he proposes the term hypophrenitis as a substitute for delirium tremens.

"I propose this term," he observes, "as more expressive of its peculiar nature than the old one. Independent of my own observation, it would be easy to adduce authorities to prove that delirium tremens is, in many cases, neither more nor less than phrenitis. The phenomena during life, and the appearances after death, show this. It does not, indeed, bear the active and decided treatment which ordinary phrenitis endures and requires. This is because it arises from a peculiar debilitating cause, and in a constitution weakened by excess. The inflammatory symptoms which may have appeared at first soon give way to those of *depression* and *irritation*. Hence the utility of sedatives and narcotics, or a combination of these with stimulants. I have, therefore, named this disease *hypophrenitis*, as a less acute form of the disorder, with a greater tendency to debility, and it is, I think, correctly placed between phrenitis and the next disease (insanity). Its affinity to the former is made evident, by the frequent occurrence of cases which require the treatment of phrenitis; and its relationship to the latter is shown by its occasional degeneration into insanity. In some instances the inflammatory symptoms are slight, and those of debility, and what has been called cerebral irritation, are more prominent. It is chiefly distinguished from phrenitis by the presence of tremor, by the soft, quick pulse, the absence of intolerance of light, the profuse perspirations, the nature of its cause, the peculiarity of the delirium. The countenance is anxious and depressed; the mind is continually and painfully engaged with the customary pursuits and occupations of the patient.

"The majority of cases of this disease recover in a few weeks. When fatal, the signs of morbid action within the head are not very marked, but enough to show the character of the disease. The arachnoid is found slightly opaque, the pia mater injected, and effusion of serum within the ventricles."

The obscurities which have so long beset the subject of delirium tremens, and the diversities of opinion entertained as to its nature and treatment, are, we think, inseparable from the hitherto prevailing systems of medical study, in which the disease was taken as the substance, the patient as the accident; in which inflammation was considered an intruding something, which must be reduced to submission by bleeding and starvation, and in which no room was found for the idea of vascular turgescence and structural change, as consequences of slow misuse of function or disturbance of nutrition; or of their thus being prevented at first by means which would aggravate them if employed subsequently. Hence the confusion of opinions; the conflicting treatment proposed for the same name of a disease; the idea inconceivable that quiet, anodynes, and nourishment could prevent a state which required subsequently the abstraction of blood, and which left turgid blood-vessels and opaque membranes, as supposed evidence of its inflammatory character. An improving method of study, the restriction of morbid anatomy to its proper purposes, and a more cautious application of abstract terms, will, we trust, before many years have elapsed, clear away some of the apparent opprobrium incurred by the proposal of opposite treatments for the same disease.

We find that Dr. Johnson follows the example of Dr. Copland in substituting the term hypomania for monomania as the symbol of partial insanity, since, to use Dr. Copland's words, "although a single faculty or manifestation may be primarily disordered, or a train of ideas be almost exclusively entertained, the other mental faculties are never in a healthy state, or very rarely retain their former energy." This, we conceive, is the right view of the question; and that proper investigation following out this clue will seldom fail to distinguish genuine delusion, and to detect the attempt to escape from the consequences of guilt under the now fashionable cloak of monomania.

The Retrospect of Practical Medicine and Surgery; being a half-yearly Journal, containing a Retrospective View of every Discovery and Practical Improvement in the Medical Sciences. Edited by W. Braithwaite, Surgeon to the Leeds General Eye and Ear Infirmary, &c. Vol. VII, January—June, 1843. London, 1843.

The seventh volume of this useful compilation is before us, and appears superior to its predecessors in the number and value of the facts which it contains. Dr. Golding Bird's excellent lectures on Urinary Deposits—the new operation of lithectasy—the extirpation of diseased ovaria—all the professional novelties, in fact, of the last six months, are clearly and fully abstracted from the various periodicals; whilst the value of the work is rather enhanced than otherwise by the omission of the reviewing department, in which the editor seemed to us to make sometimes not a very judicious choice of publications on which to exercise his criticism.

Statistical Tables of the Royal Infirmary of Edinburgh. Second Series. Being an Appendix to the Report of the Managers for the Year 1843. Compiled by Thomas Bevill Peacock, M.D., Edinburgh, 1843, pp. 24.

From this highly meritorious production we have space to extract the following observation only:—"The striking fallacy of deductions as to the mortality of operations, founded on a short period of observation, is well shown by comparison of the last two tables with those given in the preceding report;" for it appears that of 16 amputations performed during the last nine months, 11 were cured and 5 died; whereas, out of 72 cases, the number which occurred during four years, 37 were cured and 35 died.

MR. FLETCHER'S REPLY TO "CLIO."

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As I state facts, and facts only, and have been in extensive midwifery practice upwards of thirty-eight years, after studying under the first accoucheurs of the day—Dr. Osborne, Dr. John Clarke, and Dr. Haighton—I felt surprised at my veracity being called into question by Clio.

Controversial statements in any way are unpleasant, but most so when anonymous and vindictive; which latter term I think duly applied to your correspondent for his attempt to misrepresent the facts of my case of difficult parturition; which misrepresentation he has thought right to strengthen by calculations in no way applicable to substances which are compressible, but to bodies hard, thick, and non-resisting—such, for instance, as must be his own well ossified cranium. How Clio could make out that the body and arms of the first child were contained in the vagina from my statement, that "the feet of the child presented, which with the body and arms were brought down, but in trying to get my fore finger into the mouth of the child, I found the apex of a head in the pelvis preventing any further delivery," is only to be accounted for by the thickness of his comprehension, or of his complete ignorance of the process of parturition, or of the manual operations made use of to facilitate the exit of the child; for it is very far from probable that an accoucheur would try to get his finger into the mouth of the child when its body and arms, as Clio supposes, were in the bony pelvis; indeed, the operation described ought to have indicated to your correspondent the exact stage of parturition—namely, that the body and arms of the child were born; that the head was supposed to have descended, with the face towards the cavity of the sacrum, into the bony pelvis, and only required the manual operation, which all accoucheurs are acquainted with, of putting the finger into the mouth of the child, and drawing the face into the convexity of the sacrum, to accomplish the exit of the head under the most favorable circumstances. But notwithstanding Clio's knowledge of the measurement of the dry, articulated pelvis, he must have forgotten the measure of the anterior wall of the symphysis pubis, the part against which the first child's neck rested, whilst the head and body of the second child passed by it in the bony pelvis; a state which every one must have understood from my description, though short, unless his head was endowed with that dulness of comprehension which has induced your correspondent Clio to suppose that wilful misrepresentation of a case, accusation of want of veracity of its reporter, and laughing satire, was the proper way to ask for "some further illustration." Perhaps, when your correspondent has proceeded further in his studies, he will find that it is possible for the dimensions of the young female pelvis to be increased during parturition; but more particularly he will become acquainted with the accommodation of the heads of children to the pelvis; and he will, also, perhaps be led to take into consideration the difference of the length of the child's neck previous to respiration and after that function is fully established, by which the neck is very much shortened, from the expansion and rising of the chest and shoulders.

On referring to the case it will be found that the neck only of the first presenting child could be in the vagina, and not the chest and shoulders, the arms having been brought down; and the forceps were applied without difficulty, laterally of course, and not in the antero-posterior direction, as your correspondent supposes from his calculations; and further, it was stated that the children were small.

Having given the case in sufficient detail for all practical purposes, I shall not further enter into a discussion with one under a fictitious title.

I have the honour to be, Gentlemen,
Yours, very respectfully,
John Fletcher.

Shiffnal, Shropshire, August 23, 1843.

⁂ Did Clio ever hear of the Siamese twins?—or of a case quoted by Dr. Rigby, of two children united by the anterior surfaces of the thorax, whose diameter was between seven and eight inches?—Ed.

ANOMALOUS VACCINE ERUPTION.

Gentlemen,—I beg to forward the enclosed communication, which I shall feel obliged by your inserting in the Provincial Medical Journal.

I remain, Gentlemen,
Your obedient servant,
Clement James Hawkins.
Surgeon to the Cheltenham Dispensary.
Cheltenham, August 22.

In the year 1832, during the time I was a pupil at the Dispensary and Casualty Hospital in this town, I vaccinated an apparently healthy child, about five years of age, residing in a district in which small-pox had proved very fatal; two of the inmates of the house in which the child lived had recently died of the disease. The vaccination was successful, and on the seventh day the late Mr. Minster, surgeon of this town, vaccinated the only child of a lady of rank from the arm of this child, and I also vaccinated an infant from the same source. On the evening of the same day I was requested to visit the child from whom he had taken the lymph, the mother alleging that the child had fallen ill after "he had lanced" the arm. I went immediately, and found the child hot and feverish; on examining the body, to my great dismay, I found an eruption appearing on the face and neck, with which I was too familiar to be deceived; it was small-pox. I prescribed a mild aperient, and went home. On the following morning I communicated the intelligence to Mr. Minster, who wisely said we must hold our tongues, and wait the result, which I did with great anxiety. Mr. Minster's patient took the vaccine disease, which went through its usual course. The other child did not receive the disease, which I attributed to a general disorder of the constitution which it was laboring under at the time of the operation. The patient from whom the vaccine lymph was taken had the small-pox mildly, and recovered favorably; the vaccine vesicles were retarded and maturated with the small-pox.

The case was witnessed by the late Messrs. Minster and Whitmore, and other medical practitioners.

DRS. HAPLIN AND JOHNS ON PUERPERAL CONVULSIONS.

In the September Number of the "Dublin Journal," are two papers by the above-named gentlemen on this prevalent and alarming disease. Dr. Johns wishes to call particular attention to the fact, that however sudden the seizure may apparently be, certain premonitory symptoms are seldom or never wanting; and that if these are met with prompt and judicious treatment, the attack may generally be prevented. We may remark, that Osiander states that a tumid state of the face and superior extremities almost always precedes the attack, and it is this symptom which Dr. Johns thinks so important as a precursory sign. "It is familiarly known," he observes, "that during the last months of pregnancy, swelling and œdema of the inferior extremities very frequently occur, and these symptoms are justly considered as an harmless complication; but if a similar affection is observed to attack the superior parts of the body, as the hands and arms, the neck and the face, the case will then require a more close and accurate examination: for if in combination with this symptom there exist headache, weight, or giddiness in the head, ringing in the ears, a temporary loss of vision, severe pain in the stomach, with flushed face, there will be risk of convulsions; a risk that will be converted into certainty, if—1st, The woman is pregnant for the first time, or has similarly suffered in former pregnancies; 2nd, When the head of the child presents as in ordinary labours; and, 3rd, Where the woman is of a full and plethoric habit." Dr. Johns subsequently gives twenty-one cases of convulsions, actual or threatened, occuring within the last two years, in eighteen of which œdema of the face and superior extremities was present. Dr. Haplin comes to the following general conclusions:—

1. Puerperal convulsions occur most frequently in first pregnancies; the ratio being six in seven.

2. Amongst the predisposing causes, the age of the patient seems to have much influence. In one-fourth of the recorded cases, the women were above twenty-eight years old.

3. There is no decided premonitory symptom invariably present.

4. The presentation is almost invariably natural.

5. They are always attended with danger both to the mother and child. One-fourth of the mothers, and two-thirds of the children perish.

6. In the treatment of this disease, copious blood-letting, early resorted to, and rapidly effected, is a measure of the first importance.

7. Active purgatives should be administered, either by the mouth or in injections, until the stomach and bowels are thoroughly cleansed of offensive matter.

8. Should those measures fail in controlling the disease, the uterus should be emptied of its contents as early as the state of the parts will admit of its being done without violence.

9. The natural efforts are frequently sufficient to effect the delivery.

10. When interference is required, the forceps or vectis, are to be preferred in many cases to turning or the perforator; as

11. With the perforator the children are necessarily destroyed; and

12. Turning the child is attended with great danger to the mother, as five out of the seven of those on whom it has been practised have died.—(*Collins.*)

13. The pathological appearances are frequently insufficient to account for the violence of the symptoms that characterise this disease.

PERFORATION OF THE STOMACH.

Mr. Crisp, in a paper recently published, has related five cases of perforation of the stomach, from which he has deduced the following observations:—

The lesion occurs generally a short time after a meal, and the patient is often in a tolerable state of health up to the time of the perforation. The symptoms are as follows:—

1. *Violent* and *sudden* pain in the region of the stomach, extending soon over the whole abdomen, attended, in most cases, by vomiting.

2. The abdominal muscles at first spasmodically contracted and drawn into knots.

3. The countenance extremely anxious, the patient often expressing a conviction that death is inevitable.

4. The pulse at first quick and sharp, afterwards small and thready; indeed, the latter symptoms are those generally attendant upon the last stage of peritoneal inflammation.

5. The intellect is generally unaffected. Some patients have complained after the administration of medicine that it has passed over the belly.

The symptoms, of course, vary somewhat in different instances; but the chief characteristics are the *sudden pain*, *extreme anxiety of countenance*, and the *abdominal spasm*.

The cases related by the author all occurred in chlorotic females under the age of twenty-three. From the examination of a tabular arrangement of the cases of perforation of the stomach hitherto recorded, fifty-one in number, it results that women are more subject to this disease than men, and that the aperture in the former is situated in the left half of the stomach, whilst in the male it is generally near the pylorus.—*Lancet.*

STATISTICS OF CANCER.

In a paper contained in the "Gazette des Hopitaux," M. Janchon has given the relative frequency of cancerous disease in the several regions of the body as follows:—Of 382,851 cases, the uterus was the seat of disease in 2,996; stomach, 2,303; female mammæ, 1,147; liver, 578; rectum, 221; abdomen, 188; intestine, 146; bladder, 72; face, 71; mesentery, 66; ovarium, 64; tongue, 36; eye, 24; brain, 28; testes, 21; lip, 16; vagina, 14; spleen, 13; anus, 13; œsophagus, 13; nose, 11; mouth, 11; thigh, 10; penis, 10; leg, 9; thorax, 8; axilla, 8; thyroid gland, 8; scrotum, 7; groin, 7; head, 6; heart, 6; lungs, 7; colon, 7; epiploon, 5; prostate gland, 5; arm, 6; hand, 5; male breast, 5; throat, 4; pharynx, 4; ear, 4; shoulder, 4; forehead, 4; kidneys, tonsils, parotid glands, larynx, and palate, of each 3; temple, chin, cœcum, vulva, of each 2; cranium cerebellum, retina, orbit, œthmoid and mastoid bones, sternum, pleura, peritoneum, female urethra, of each 1; cancers without specific seat, 829.

THE QUEEN'S COLLEGE, BIRMINGHAM.

The ceremony of laying the corner stone of the front elevation of the new collegiate institution for the students of the Royal School of Medicine and Surgery in this town, took place on Friday morning. Although only a few hours' notice was given, a number of gentlemen assembled at the building, in Paradise-street, within the enclosure of which the proceedings took place. The laying of the stone was performed by the much honored and venerable president, Dr. Johnstone. A prayer appropriate to the occasion having been read by the Rev. C. Craven, the high bailiff made a few observations in reference to the interesting object for which they had assembled, and congratulated all present on the circumstance of such an institution being about to be established, which was called for by the wants of the rapidly increasing population around them. The president then performed the ceremony, after which, in a short address, he called attention to the important results which must accrue to the neighbourhood from such an institution. The benefits which had already arisen from the establishment of the Queen's Hospital in connection with the School of Medicine and Surgery, was an earnest of what they had reason to anticipate from the granting of the royal charter. That charter has been conferred by their amiable and excellent Queen. In paying this tribute of gratitude to their sovereign, he must not omit the opportunity of acknowledging their obligations to her Majesty the Queen Dowager, who, with the nobility of their own and the adjoining counties, had taken a lively interest in the work in which they were engaged. The venerable president next glanced at the history of the institution, and passed a high eulogium on Mr. W. S. Cox, to whose zeal and energy they were indebted for originating and successfully carrying out the good work to which he had devoted himself. Indeed, the establishment of a collegiate institution, and the granting of a royal charter, was all that was wanting to render the School of Medicine and Surgery one of the most useful and extensive institutions of which their country can boast. It would afford the students advantages and facilities for pursuing their studies, and for qualifying themselves for the arduous and responsible duties of a profession which were secondary only to those of the sacred order. Distinguished as Birmingham had ever been for the many eminent practitioners who had been educated in her institutions, he looked for still greater attainments from those who would receive instruction within the walls of the building they were about to erect, where they would have opportunities of making themselves acquainted, not only with the bodily structure, but also with that more difficult science, the constitution of the human mind, for that alone could qualify them for practising their profession with honor to themselves and advantage to the community. He trusted, in conclusion, that the exertions of his friend, Mr. Sands Cox, would be crowned with successful results, and that the Queen's College would shine forth with a lustre not to be eclipsed by that of any similar institution in the kingdom.

At the conclusion of the president's address, Mr. W. H. Osborn proposed that the best thanks of the meeting be presented to the honorary secretary, for his assiduity and zeal in procuring the charter for the Queen's College, and for his unwearied devotion to the interests of the institution.

J. E. Piercy, Esq., seconded the resolution, which passed with acclamation.

Dr. Johnstone observed that he concurred most heartily in the vote of thanks to Mr. Sands Cox, than whom no man deserved better at the hands of the profession. He had been indefatigable in his exertions to promote the interests of the institution, and his efforts had been crowned with great success. He (Dr. Johnstone) had nearly forgotten an important part of his duty that day; he had been authorised to make an announcement respecting a gentleman whose extraordinary piety and charity was so well known to them. He need not say he alluded to Dr. Warneford, who, in addition to his former unbounded munificence, had placed in the hands of Mr. Chancellor Law, the Rev. V. Thomas, and Mr. Sands Cox, the sum of £1,000, for the foundation of four scholarships of £10 each, to be held for two years, to be conferred upon students who have resided in the college twelve months, who have been distinguished for their regularity and good conduct, and who have especially availed themselves of the moral and religious instruction of the warden; the candidates to be subject to an examination.

The high bailiff having taken the chair, Howard Luckcock, Esq., seconded by Mr. W. Room, proposed a vote of thanks to their venerable principal, which was carried by acclamation.

Thanks were afterwards voted to the high bailiff for his kindness in presiding, to Mr. E. T. Cox, and to the Rev C. Craven, which having been duly acknowledged, the meeting separated.

The following is the inscription on the brass plate deposited beneath the stone:—"This tablet is to commemorate the laying the foundation stone of the Queen's College, at Birmingham, on Friday, August 18th, 1843.—Samuel William Warneford, LL.D., Visitor; Edward Johnstone, M.D., Principal; James Thomas Law, M.A., Vice-Principal; John Edwards Piercy, Esq., Treasurer; William Sands Cox, F.R.S., Dean of the Faculty; Messrs. Bateman and Drury, Architects; Thomas Pashby, Contractor."

There was also deposited in a cavity beneath the stone, by the high bailiff, a case hermetically sealed, containing copies of the charter of incorporation of the college about to be erected on this spot; of the Warneford prize trust deed; the various addresses of Mr. Chancellor Law, the Rev. V. Thomas, and Dr. John Johnstone; the prospectus of the college, and the fundamental laws of the Queen's Hospital; together with coins of her most gracious Majesty the Queen, the patroness.—*Brimingham Herald*, Aug. 25.

ASSURANCE OFFICE FEES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As I approve of the resolution of many medical men not to furnish answers to life offices without a fee, I have been for some time past in the habit of declining to do so. A reply from a London office to my refusal contains the following extract:—

"The directors invariably decline giving fees to the gentlemen referred to as the usual medical attendants of parties whose lives are proposed for insurance, for the reason, amongst others, that it might be held the doing so would render the referee the agent of the company instead of the assured, and thereby release the latter from any responsibility which might attach to the medical report."

What does this mean? The object of the medical report is presumed to be for the purpose of ascertaining the state of health at the time of effecting an assurance, and it can make no difference in this respect by which party the report be remunerated. Is it intended to hold this report in reserve, and endeavour, in case of an early death, to extract from it any ground of objection towards paying the amount to the representatives of the deceased? It seems to be only on a supposition of this kind that it can be really of any consequence, that the referee should not be "the agent of the company." And if, by any possibility, it can be designed to make this or any similar use of the report, it affords an additional reason why medical men should refuse to furnish answers unless a fee from the offices accompanies their circular.

Whilst on this subject, I would hint to the profession the justice of recommending to patients who make the inquiry, those offices which have acknowledged the claims of medical men. The Britannia, and some other institutions, have made it a regulation to pay, in all cases, the medical men employed, and it is only common gratitude that the profession should give a preference to such establishments. By this means, also, we may materially assist our cause in the contest now existing between the profession and the life offices.

I am, Gentlemen,
Your obedient servant,
A Member of the Provincial Association.
Bath, August 24, 1843.

AN EXTRAORDINARY TEMPTATION FOR THE EMIGRATION OF MEDICAL MEN.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—I enclose you a letter which I have just received, in answer to an inquiry, from the New Brunswick and Nova Scotia Land Company.

The company have been advertising in the provincial papers, and curiosity made me wish to ascertain the nature of the situation which they want filled. I need not direct your attention to the trap (for it is little better) which they have set for the young and unguarded members of our profession. Population, 600! Salary, £52 per annum!! Find your own passage!!! And, to cap the climax, you must have an income of £100 per annum of your own!!!! Comment on this would be needless. The company's land is 500,000 acres.

Yours, &c.
29th Aug., 1843. Scalpel.

"New Brunswick and Nova Scotia Land Company,
5, Copthall-court.—London, 28th Aug. 1843.

"Sir,—In answering your letter of the 26th, as far as we can at present, we beg to state that a meeting of directors to consider of the appointment of a medical man will take place on the 31st, when it will be proposed to them, subject to any modifications they may please to adopt,

"1. To allow a salary of £52 per annum for a limited time only—say two or three years—to be given in preference to the party producing the most satisfactory testimonials, and satifying the directors also of his already possessing such an income—say £100 per annum—as will enable him, with the practice of Stanley and the company's pay, to maintain himself on a respectable footing.

"2. To allow the party the occupation, rent free, of a house at Stanley (not in a finished state), with the town plot adjoining of half an acre, such occupation to be attached to the exercise of this profession.

"The scale of fees to be regulated on arrival by the opinion of the company's chief commissioner.

"No gratuitous services required by the company. The population of Stanley and neighbourhood is about 600 altogether.

"Under these proposals, the party succeeding in his application will, of course, have to provide for his own passage, and for establishing himself in his house at Stanley.

"We forward you one of the company's pamphlets,
"And remain, Sir,
"Your obedient servant,
"S. Bainbridge.
"W. Aggas."

REGULATIONS OF THE COLLEGE OF SURGEONS.

The regulations of the College of Surgeons have just been altered in the following points:—

1. Students were formerly required to bring proof "of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, *during three anatomical seasons or sessions, extending from October to April, inclusive.*"

The latter part of the rule now runs thus: "*during three winter sessions, of not less than six months each.*"

2. Each course of the practice of surgery, physic, chemistry, materia medica, and midwifery, was formerly of the obligatory length of seventy lectures; this is now left undefined.

Also, the following circular has been sent round to medical teachers:—

"Royal College of Surgeons in London,
"August 15, 1843.

"Sir,—I am directed by the president of this college to transmit to you the enclosed copy of their amended regulations respecting the professional education of candidates for their diploma, and, at the same time, to express the opinion of the council that it is highly inexpedient that the pursuits of the student should be interrupted by a vacation at Christmas, or at any other period of the winter, and to state that they strongly recommend that the vacation hitherto allowed should be discontinued.

I am, Sir,
Your most obedient servant,
Edm. Belfour, Sec."

OBITUARIES.

We perceive, in the French journals, a notice of the death of M. Chervin, on the 14th ultimo, at Bourbonne-les-Baians. M. Chervin deserves commemoration for the zeal with which he devoted his life and fortune to the investigation of the yellow fever.

The last will of this conscientious enthusiast is so remarkable a document, that we are tempted to make one or two extracts from it, which will doubtless draw from many of our readers a smile not unmingled with pain:—

"I have nothing to bequeath," he observes; "all that I received from my parents, and all that I gained by means of a tolerably lucrative medical practice at Guadaloupe, having been swallowed up in the course of the investigations which I have pursued for twenty-seven years into the origin and mode of propagation of the yellow fever, for the purpose of bringing about some modification of the sanitary system pursued on the European continent.

"Not only have I spent all my own possessions in this great and toilsome enterprise, but I have been largely indebted to my generous friends for means wherewith to prosecute my labors. Since my country has profited by my exertions, I express the wish, in this solemn moment, that France may reimburse both principal and interest to the generous citizens who have provided me with means."

He then enumerates various debts, for money advanced, for lodgings, and lastly, for the printing and paper of his last petition to the Chambers; and expresses the hope that the Minister of Commerce will not begrudge some few hundreds of francs to finish the publication of various documents on sanitary regulations.—*Gaz. Méd.*, August 26, 1843.

On the 28th ultimo, at his residence, 11, William-street, Lowndes-square, Sir Thomas Charles Morgan, M.D.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Monday, August 21, 1843.

J. T. Roberts, R. T. Wylde, J. T. Winnard, T. J. Heaton, N. Chadwick, C. A. Mercer, M. Healy, T. E. Drinkwater, F. D. Mudd, W. Hunter, G. W. T. Jarvis, T. Clark.

Friday, August 25, 1843.

W. F. T. Ivey, J. Burgess, E. Cottingham, E. L. Ogle, E. Kittson, W. Poole, C. A. Wakefield, F. Field, B. H. Jagac, W. Pollock, T. Spain, G. Padley, T. B. Keetley, W. Watson.

Monday, August 28, 1843.

E. T. Rendall, B. Barrett, F. Wildbore, T. Orton, C. R. Morgan, T. H. Baker, T. Engall, C. Cooper, T. C. Lewis.

⁂ There will not be another court until October.

TO CORRESPONDENTS.

Dr. Murphy's paper on polypus uteri shall appear next week; and the future contributions which he promises will be thankfully acknowledged.

Mr. Waterhouse's paper on grinders' diseases of the lungs next week.

E. C. P.—We are obliged to our correspondent for his voluminous document, which is left for him at the publisher's; but we regret that it is not exactly applicable to the pages of our Journal. The interest of the subject—not a very practical one—has somewhat subsided; but even if there were no objections on this score, our correspondent's method of translating is most lamentable. He falls into the prevalent error of translating word for word; and the result is a degenerate dialect, neither English nor French. The proper way is, to convey the ideas in pure English; and not to render word for word with the original.

A correspondent has forwarded to us a prescription containing iodide of potassium, tincture of iodine, bicarbonate of potass, tartar emetic, hydrocyanic acid, syrup of orange peel, and water, in one mixture; and this farrago is to be taken with lemon-juice to make it effervesce. At the same time, a pill is prescribed at bedtime, containing calomel, oxide of iron, compound rhubarb pill, and extract of conium. Our correspondent suggests that this multifarious formula should be preserved till the next examination for honors at the University of London; and that an extra gold medal and exhibition should be awarded to the competitor who best describes the disease for which such a prescription would be applicable, and the decompositions its ingredients would suffer, both before and after their reception into the stomach.

A much-esteemed correspondent complains of the numerous errata which have appeared in our last few Numbers. If this gentleman could but see the handwriting with which the eyes of both editors and printers are wearied, he would not wonder at their letting some few typographical inaccuracies escape them. More care, however, shall be taken for the future.

Dr. S.—The paper looks too much like a *puff*, or apology rather, for Dr. *****. We fear that the profession generally would not be unanimous in favour of his claim to scientific eminence. If this, however, were altered, the paper would be very acceptable; but we cannot undertake to receive any communication on such terms as our correspondent proposes.

Mr. Pope.—We regret that we cannot procure the list this week.

Medicus.—We will explain next week.

ERRATA.

In Mr. Estlin's paper, contained in the last Number, at page 442, col. 1, line 19 from top, for "operation," read *operators;* col. 2, line 7 from bottom, for "skin," read *rim.*

COMMUNICATIONS, JOURNALS, AND BOOKS FOR REVIEW, TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION, TO DR. STREETEN, WORCESTER.

Printed by Samuel Taylor, at his Office, No. 2, George-yard, Drury-court, Strand, in the Parish of St. Mary-le-Strand;
and Published by Henry Renshaw, at his residence, No. 356, Strand.—Saturday, September 2, 1843.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 154.] LONDON, SATURDAY, SEPT. 9, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

RETROSPECTIVE ADDRESS OF THE SECOND ANNIVERSARY OF THE READING PATHOLOGICAL SOCIETY.

By Richard T. Woodhouse, M.D.,

Physician to the Royal Berkshire Hospital and Reading Dispensary.

[*Read July* 11, 1843.]

Mr. President and Gentlemen,—In appearing before you this evening in the novel position to which your unanimous votes at our last meeting so kindly elected us, we feel that, had we not been taken by surprise, and had had more time to weigh well the responsible task which you did us the honor to assign to our care, we ought to have declined the compliment as much from a diffidence in ability to perform it in a manner satisfactory to ourselves, as from the conviction that there are many other members of the society better qualified to deliver an address retrospective of your proceedings for the last year, and more able to fulfil the objects and intentions of such a review.

But willing, in however small a degree, to acknowledge our share of a debt of gratitude to the Association for the valuable information and useful instruction which we, in common with every other member, have derived from its sittings, we are emboldened to commence the undertaking, trusting to your kind indulgence for the many defects and errors which will be found in our pages.

We are assembled this evening to celebrate the second anniversary of our infant society, and, in reverting to the labors of the year just elapsed, feel pride in the assurance that it will not be found to have fallen short of the promises of the first twelve months of its existence, in fulfilling the objects and purposes for which it was established. The increasing interest taken in the discussions, and the augmented zeal of its members in collecting and producing morbid and other interesting specimens, many of which now deck the shelves of this museum, give confidence to the hope that it will soon attain to vigorous adolescence and manhood—ultimately to venerable and protracted age.

We need not now recapitulate the objects for which the Reading Pathological Society was instituted; they were clearly and happily expressed by my talented predecessor in the address of last year; but will merely state that his predictions of its utility have been amply verified; for, while we have continued to run the race of honorable competition, and endeavored to promote the advantage and extend the usefulness of our common profession, harmony, good feeling, and increased respect for each other, have uniformly prevailed amongst us.

The advantages of such institutions as the one we this day commemorate are further pointed out by another talented and exalted member of our profession, Sir Benjamin Brodie, in his retrospective address at the anniversary meeting of the Medico-Chirurgical Society of London, for 1840: "Whatever brings a number of men of our profession into friendly intercourse and scientific conversation, will be useful in exciting emulation, exercising intellect, and giving additions to their knowledge; it maintains the zeal of the zealous, while it imparts a spirit of emulation to those who are without it; it removes the distrustful feeling so liable to be engendered by professional men not personally acquainted; it gives us a better knowledge of ourselves, teaches humility with respect to our own attainments, and respect for the opinions of others." Had these feelings and sentiments been previously wanting in the bosom of any of our members, we feel assured the social and harmonious conduct of our meetings has been calculated to excite and augment them.

But while we thus recite the advantages and utility of our society, we must not omit to record our tribute of praise to the memory of departed worth; for we have to deplore the loss sustained by the recent and untimely death of one of our most zealous and useful members, Mr. Sylvester. The minutes of your proceedings bear frequent testimony to the energy and assiduity with which he labored in the search after knowledge, while to his efforts to discharge the arduous duties of his profession to the poor over a field too extensive for his physical strength, may be attributed the accession of the malady which prematurely closed his useful career. We have also to regret the removal of two other useful and most esteemed members, Mr. Boulger and Mr. Walker, the former to a larger sphere of more lucrative practice, the latter to seek a more genial clime for one who is nearest and most dear to him.

During the past year eleven meetings of the society have been held, of which we now, in accordance with your request, proceed to give a retrospective review, and shall follow the same arrangement of the materials as that adopted in the address of last year, taking the communications in the order of their presentation, and classifying the specimens under the same heads, appending as much of the history and observations given on each as will render it interesting, or as we, in our capacity of your secretary, have been able to collect without the aid of stenography.

[Here follows a general description of the specimens and cases presented to the society during the past year, a portion of which we are obliged to omit, introducing only those which, from the completeness of the history or intrinsic interest, may prove acceptable to our readers.]—Eds.

COMMUNICATIONS.

Sept. 6.—The first communication I have to notice is a case related by Dr. Cowan, of a man who was admitted into the hospital under his care suffering from paralysis of the shoulders, arms, and hands. He had formerly been a painter, but had not touched paint for eight months. The peculiarity of this case was the singular outline which the disease occupied, affecting the shoulders, upper part of chest, and back, with a distinct and symmetrical line of demarcation between the paralysed and healthy portions. He remained a considerable time under treatment—the affected portions of the thorax, shoulders, and upper arm recovering first, the forearms and wrists being more slow in their progress. It is difficult to assign a reason why the disease should have affected these precise limits.

Nov. 1. Dr. Bradshaw—Notes on the Use of Terebinthina in Puerperal Peritonitis, showing the advantages of this remedy in doses of twenty drops three times in the day in the commencement of the disease, frequently cutting it short, rendering the use of the lancet unnecessary. He quoted the opinion of John Hunter, "that the peritoneum in puerperal women was liable to a gangrenous inflammation, and that turpentine might be employed with advantage as a specific." He, Dr. Bradshaw, did not recommend it in cases of severe peritonitis to supersede the lancet, but as an adjuvant. Mr. Sylvester said that, about the year 1810, Dr. Brennan, of Dublin, had recommended the same remedy in six drachm doses. In the course of the interesting discussion which followed, it was remarked that the cases related were not those of well marked child-bed fever, or genuine puerperal disease, consisting of inflammation of the veins or absorbents, of the uterus or the peritoneum. On which Mr. May observed that we had first to define what was puerperal fever?—It is a disease on which the profession are yet undecided. He referred to Dr. Ferguson's able book on this subject, who says it is a disease proceeding from a specific poison introduced into the system, and divides the cases into four classes. In many cases of puerperal fever no traces of inflammation of the peritoneum can be found. Mr. May added that it is now generally admitted that medical men themselves frequently were the innocent means of conveying the contagion from one patient to another, either on their hands or in their clothes; and he thought practitioners in midwifery should be very cautious in respect of the contamination of their hands by post-mortem examinations and other surgical manipulations, which is now a point most strongly insisted on by the highest authorities. Mr. Jeston inquired whether similar effects had been observed to arise from other diseases, and that he had been called from a case of erysipelas to one of labor, in which fatal puerperal fever followed. The late Dr. Hamilton, of Edinburgh, used to maintain this doctrine in his lectures, and an instance was referred to where forty cases occurred in the practice of a surgeon at Nottingham from dressing a simple sore. The varying types and shades of this disease may more readily be accounted for on the old though reviving doctrine of the humoral pathology; and if turpentine has any peculiar virtues in this dire complaint, it may be by its action on the emunctories, and thus aiding to get rid of the poison.

Mr. Vines, on the 17th of January, read a case of ovarian dropsy, accompanied with ascites, in a woman of sixty-two, who had been married forty-two years, and had borne but one child. The catamenia had ceased fifteen years ago. The chief point of interest in this case was the profuse discharge of blood from the vagina, which was believed to be menstrual. At the necropsy a large quantity of fluid was found in the peritoneal sac, and an oblong tumor filling the cavity of the pelvis, and extending up to the umbilicus, which, on being laid open, presented the usual appearance of cells and sacs filled with pus or albuminous fluid. The discussion which followed chiefly turned upon the sanguineous discharge, which Mr. Harrinson believed to proceed rather from varicose veins of the vagina, than to be the usual periodical secretion, as in the progress of age the os uteri becomes closed up. Dr. Cowan and Mr. May denied the latter part of Mr. H.'s opinion, and thought that when occlusion took place it was accidental. Our own limited experience would lead us to incline to Mr. Harrinson's notion of the varicose, or otherwise extravasated nature of the discharge, rather than that it was the periodical secretion revived; but it is a point yet undecided, and would require more accurate examination and dissection. These cases generally baffle all medical means of cure, the only effectual mode being their removal by the knife—a triumph which has been reserved for modern surgery to achieve, successful instances of which have recently been published by Mr. Walm, in the "Medical Gazette" for December 23, 1842. Other cases have been published by Mr. Clay, of Manchester; Mr. Lizars, of Edinburgh; and Dr. Macdowal, of Kentucky.

On the 14th of February Dr. Bradshaw related the case of a lady who, for seven years past, had in every February been affected with hæmorrhage from the uterus, accompanied by a tertian ague, in whom, by treating the fever in the ordinary way, the hæmorrhage subsides. The question in this instance was, which was the cause, or which the effect? Mr. May thought it was a case of congestion of the uterus occurring in a tertian ague, as congestion usually takes place in some internal organ during the cold stage of that disease. Dr. Cowan thought every disease in the calendar was simulated by ague, and instanced a periodical attack of ophthalmia in his own person, which was only cured by quinine; and that in our practice we should look more to the general condition of the system than to the host of minute symptoms which usually attract our attention.

On March 14 Dr. Cowan read the first part of his Statistics of Private Practice, in which, with his usual power and fluency, he illustrated the great advantages of this mode of recording facts, thereby accumulating a store of information from which just inferences and well founded opinions may be drawn to guide us in our search after truth. The report contained an analysis of 1281 cases treated by him, exclusive of those attending at our public institutions; also special statistics of fever, influenza, and hooping-cough, with a collation of the opinions and treatment recommended by various writers in the different periodicals of the day—the writer's object being to concentrate, as it were, into one focus, for the benefit of the student and junior practitioner, the lights of so many fugitive luminaries. But, as this valuable document has since been published in the Provincial Medical Journal for May 6 and 13, 1843, I need not here further allude to it, than to say it received the cordial and well merited thanks of the society.

Mr. Waldron, of Theale, on the 11th of April, related the case of a woman under his care, who was formerly a patient in this hospital, and exhibited a number of calculi, which she said she had passed from the bladder, but which, on being examined, were found to be chiefly pebbles and flints. She certainly had now a stone in the bladder, distinctly felt by the catheter, but whether a true urinary calculus, or one like those now before the society, he did not know. He asked how such a case should be treated. Mr. May said the case presented more interest than might at first sight appear; it was a question whether the stone was formed in the kidney or introduced *ab externo;* he thought there was a certain extent of original disease with a considerable amount of imposture, and that such cases should be looked on with some leniency as occurring in females of a certain constitution.

A somewhat analogous case is given in the "Lancet" for June 30, 1838, by Mr. John Christophers, of London, formerly house surgeon to the Middlesex Hospital, of a female from whose urethra a square piece of flint pebble, weighing 174 grains, was extracted with a common forceps. Instances are not rare, in our hospital records, of females using such devices to prolong their abode in these institutions.

On the same evening, Mr. Hooper read his notes of the autopsy of Thomas Steers, who was found drowned in the Kennet a short time since, under rather suspicious circumstances. He was seen between nine, p.m., and half-past, as he left the public-house in Bridge-street, and at twenty minutes or half-past ten the same night his body was found floating by some bargemen at the wharf, half a mile from the place where his hat and apron were found. The writer's object was to state the reasons for the opinions he gave on the inquest. The marks of violence on the body were slight; the legs were loosely tied together. In other respects he had not the usual appearance of a person who dies by drowning. From the closed eyes, the natural pupil, the unprotruded and pale tongue, the calm features, the absence of frothy mucus about the mouth and nostrils, the open hands, the nails free from dirt, the moderately congested state of the vessels, the fluid blood, the empty state of the bladder, and the lungs so fully inflated as to render the body buoyant in the water, he was led to the conclusion that death took place after immersion, and perhaps during syncope.

In the animated and prolonged discussion which followed, Dr. Cowan said his impression was, that the man died from immersion—that he put an end to his own life, and that his age being taken into the account (seventy-five), would not enable him to make that resistance to asphyxia which a younger man would, and instanced the case of Captain Canning, who died at Madeira after plunging into a cold tank in a state of exhaustion from exercise. He was taken up without exhibiting any of those usual evidences of asphyxia; he died at once, the heart ceasing its action, being exhausted by the previous exertion. Mr. May thought the man died before being immersed, and regretted the post-mortem examination was not complete; the cervical spine should have been examined, for, in cases of injury to that part of the vertebral column, death is very sudden; and stated his opinion that, from the previous history, the attending circumstances, and from the post-mortem appearances, the man died by other hands than his own. Mr. Harrinson coincided with Mr. May, and observed, that as the body was not examined for thirty-six hours after death, it might account for congestion not being found in some of the organs; and, on the following evening, remarked the circumstance of the body being found floating, which, in his opinion, could only be accounted for by the abdomen becoming suddenly tympanitic, and which usually arises from a general or local cause, the general cause being hysteria, the local, injury to the spine or strangulation. In support of the latter cause, he referred to the practice of the sleigh-drivers in Canada and elsewhere; when a horse sinks through the ice, a rope is put round his neck, and drawn so tight as to produce incomplete strangulation, which causes a sudden tympanitic condition of the abdomen, by which the animal floats, and is more readily drawn over the edge of the ice.

At the same meeting Dr. Cowan read the second part of his Statistics of Private Practice, containing a special report of the cases of rheumatism, neuralgia, chlorosis, bronchitis, and phthisis, which had fallen under his care, and collated the opinions and the various modes of treatment recommended by different writers down to the present day on these subjects, of which he gave a lucid sketch with that ability which characterises all the productions of the accomplished author. These valuable documents have since been published in the Provincial Journal for May 20th, and two succeeding numbers.

On the 9th of May Mr. Vines read his notes of the autopsy of Francis Watson, who fell suddenly dead in the street a few weeks before. In the head, a considerable portion of bone was found in the falx major, between its middle and anterior part, of an irregular flattened oval shape, slightly convex on each side and about the diameter of a halfpenny, pressing on each hemisphere of the brain. There were slight traces of arachnitis. The heart was thin and the coronaries ossified. The aorta dilated. The abdominal viscera healthy. An interesting and prolonged conversation followed as to the cause of death in this case, some believing the heart, and others the brain, to be the immediate organ in which dissolution commenced; but as the heart was found empty, it must have continued to act to the last; the more probable cause was the sudden arrest of the function of the brain.

On the same evening Dr. Cowan read a case of diabetes mellitus, or mellituria, the chief interest of which, he said, arose from the appropriate dietetic treatment, especially the importance of abstaining from bread; while greens, turnip-tops, brocoli, and water-cresses, with other plants of the order cruciferæ, as first pointed out by Dr. Babington, were used with advantage, as enabling the patient better to take the animal food. He afterwards gave an abridgment of the opinions of the ancient as well as modern authors on this interesting though obscure disease, and collated with his usual felicity and industry the varieties of treatment recommended by various writers in the periodicals of the day as well as the standard works, from which he concludes that more reliance is to be placed on the dietetic than the medicinal treatment of the malady. This valuable and interesting paper has also been published in the Provincial Journal for June 17th, 1843.

June 6. Mr. Walford—The case of a man who committed suicide by hanging on the 29th of May, while under great mental depression. On examination of the body, a little jelly-like effusion was found between the arachnoid and pia mater on the upper surface of the brain, but not at the base, and which was considered the effect of the mode of death. There was a small bony plate, about the size of a sixpence, on the falx major, in or about the same place as in the man Watson, reported by Mr. Vines, but not imbedded in the substance of the membrane. In the chest all was normal, the cavities of the heart full of dark fluid blood. The liver was soft and friable in structure, the peritoneal coat easily peeling off to a considerable extent. In this man the disposition to suicide was hereditary. That portion of the brain where the organ of destructiveness is said to be located was not minutely examined, so as to enable one to say whether there was any alteration of structure. Dr. Cowan referred to the opinion of Dr. Bright and others, that the cortical portion of the brain is divided into several laminæ, which, in these cases, present alterations of structure, and that generally a red softening and diffusion of substance had been found. This opinion was confirmed by Foville and Esquirol, in their examinations at Salpetriere, where the diseased brain is almost always dissected side by side with a healthy one. Dr. Cowan then went on to draw a parallel between the hypochondriacal and suicidal conditions of the mind, defining the former as an excessive love of life, the latter having generally a reference to the affairs of the external world. In the conversation which arose from this case, the following questions were asked:—How long after a person was cut down attempts should be made to reproduce animation? The general reply was, that in a very short time after the heart had ceased to act, all efforts would be useless. In those who die by suspension, does death occur from apnœa or from dislocation of the vertebræ? The general answer was, that dislocation rarely, if ever, took place. The treatment suggested by various members, in cases where signs of life remained, was bleeding from the jugular veins, artificial respiration, by acting on the elasticity of the ribs, stimulating frictions or flagellation, to rouse the excito-motory system, but, above all, electricity, when it was at hand. No blood should be drawn from the *arteries*, as they are already empty.

On June 6, the last paper of the year was read by Mr. Vines, on a case of arachnitis, which occurred in a servant girl, aged nineteen, of small stature, and rather plethoric habit, from whom he abstracted 136 ounces of blood from the arm and by cupping on the nape of the neck, in ten days, terminating in perfect recovery after two or three relapses. The object of the narrator was to show the unusual extent to which it is sometimes necessary to carry our depletory measures, as well as to point out one or two particulars in the case which he deemed worthy of notice—viz., the occurrence of dilated pupil and insensibility to light in the commencement of the disease, which, though generally a symptom of pressure from effusion, extravasation, or by other means, he thought might arise from the congested state of the vessels of the ophthalmic apparatus, caused by arterial excitement; secondly, the peculiarly rapid pulse; and lastly, the advantages of cupping in the neighbourhood of the head, where general bleeding fails to give all the relief we expect. Mr. V. recommends the scarificator and glasses to be applied to the vertex, in accordance with the views of Dr. Burrows, that the brain does contain more blood at one time than another. This case has since been given in the "Medical Gazette" for June 16, 1843.

Having now given a very condensed, and, we confess, a very feeble and imperfect outline of the principal communications made during the past year, we shall now proceed to glance at the morbid specimens presented, and shall adopt the same arrangement of them as my predecessor, beginning with the diseases of the

Osseous System.

1. By Mr. May—The first we have to notice was injury of the cervical spine, proving fatal in ten hours. It occurred in a curious manner. A girl employed at the silk factory, whose shawl was caught by the driving shaft of the steam-engine, and coiled round the revolving shaft, was dragged forcibly against it, so that the muscles of the lower lip and chin were torn down from the jaw. The larynx and anterior part of the neck were much injured. There was great dyspnœa, and no respiratory murmur was heard in the left lung for a few hours before death. At the time of her admission no suspicion existed as to the state of the spine. On examination after death, the fifth cervical vertebra was found disrupted from its inferior intervertebral substance; the theca ruptured, but no effusion within or without the canal; the nervous fibrillæ on the left side were congested. Could this be sufficient to account for the absence of murmur in the left lung?

2. Mr. Harrinson—A specimen of spina bifida in a child eight weeks' old, which, gradually increasing in size, was punctured with Davis's exploring needle, and dressed with compresses and bandage. Complete perforation took place in fourteen days, and, on the seventeenth, death.

Diseases of the Heart and Great Vessels.

3. Mr. Harrinson—A specimen of acute inflammation of the pericardium in a child of five months. The pericardium contained six to eight ounces of flaky serous fluid. The surface of the heart covered with fibrine of a curdy consistence, and in some places a quarter of an inch in thickness. The reflected pericardium was red, thickened, and velvety. No effusion in pleura. Lungs healthy, adhering to the distended pericardium.

4. Mr. Harrinson—Disease of the heart in a man of seventy-six. At the left auriculo-ventricular opening ossification of the coronary arteries. The patient had been subject to palpitations, angina, and rheumatism for twenty years. The heart was flabby, and exhibited a good instance of cessation of its action from deficient nourishment.

5. Dr. Cowan—A specimen of pericardium adhering to the heart. Adhesion of the apex to the diaphragm and to the lungs, which was indicated during life by the degree of sound which was audible all over the chest. The interior of the heart little affected. In one kidney there was a distinct tubercular degenerescence, but in no other part of the body was any tubercular deposit found.

6. Dr. Cowan—The abdominal aorta taken from a female, aged seventy-two, which had bony deposit in it to a large extent. The splenic artery was very tortuous. Œdema of the lower extremities took place about a fortnight before death, but not from the state of the artery. She died from chronic bronchitis.

7. Mr. Harrinson—A diseased heart, sent by Mr. Tiley, from London, in which there was a curious circular depression at the apex, resembling sphacelus, about the size of a shilling, and which would, in all probability, in a short time, had the patient survived, have terminated in rupture. No history.

Lungs and Respiratory Apparatus.

8. Mr. Harrinson—A series of specimens from a woman, aged thirty, who died of pneumo-thorax, in whom abscess of the ear occurred, followed by paralysis of the portio dura. The right lung was much diseased, splenified, and softened. The left lung presented one large purulent deposit. No tubercles existed anywhere. The dura mater was scarcely adherent to the calvarium. The sinuses were filled with pus. The cerebrum and cerebellum were softened, diffluent. The petrous portion of the right temporal bone was carious in several places. The auditory nerve bathed in pus. The posterior portion of the occipital bone perforated. Lateral sinus thickened.

9. Mr. Harrinson—A larynx where laryngitis followed scarlatina, producing closure of the rima glottidis and suffocation. He mentioned one or two instances where tracheotomy was performed with advantage, but in this case it was out of the question.

10. Mr. Walford—The lung of a child fifteen months old, in whom pneumonia succeeded to hooping-cough. The lower lobe was consolidated, the upper emphysematous.

11. Mr. Walford—A portion of the lung and anterior mediastinum of a person who died of cancer of the mamma, with effusion into the chest. The portion of the mediastinum appeared cancerous. The lungs and the liver also contained cancerous infiltration. There were scirrhous nodules in the uterus.

12. Dr. Woodhouse—a portion of an enormously thickened pleura, taken from a boy who died in the hospital. He had been ill three months prior to admission, at which time the whole of the right side of the chest was filled with fluid. He never had pain at any period of his illness. Death ensued from the supervention of acute pleurisy, with effusion into the other side of the chest. The portion of pleura presented was taken from the right anterior superior part, and was about five lines in thickness. The absence of pain in such cases is not uncommon, though systematic writers set it down as one of the diagnostics of the disease.

13. Mr. May—A disease of the lung, taken from a female, aged sixty, who died from purpura hæmorrhagia, called cirrhosis by Dr. Corrigan (Dublin Journal; Vol. XIII), having dilated tubes passing into blind sacs, or cavities, and which gave the signs of vomicæ, yet no tubercular deposit took place. The kidneys were discolored with dark blood, of almost sooty hue. The patient had effusion of blood under the serous membranes of the chest and abdomen in several parts. There was hæmorrhage from the nose, mouth, and with the urine. Death was caused by asthænia, or syncope. The liver was congested, and adherent to the diaphragm. The lumbar glands filled with encephaloid infiltration.

The explanation given of this condition of lung, to which the name cirrhosis is given, is, that inflammation of the cellular tissue of the lung condenses and contracts it, and as it contracts it draws the bronchial tube with it, while the air assists in dilating it; and there is this difference in obstructions of the lung from adventitious deposits, that there is not room for the tubes to dilate, therefore they are not found in phthisis and other instances of infiltration of the lung.

14. Mr. Walford—The heart and lungs of a child five years of age, who had frequently been the subject of inflammation of the bronchia and tonsils. There was bellows sound over the heart. At the necropsy, thickening of the mitral and tricuspid valves was found, with a consolidation of the upper portions of the lungs corresponding with cirrhosis.

Among the observations which were made on the relation of this case, Dr. Cowan, in speaking of the influence of disorganisation of the heart, and imperfect action of the valves on the circulation through the lungs, said that it did not affect the lungs as much as one might, *a priori*, suppose, for there were valves or reflections of the lining membrane of the pulmonary veins—falciform projections of the inner membrane of the lesser veins at their entrance into the larger trunks—owing to which congestion of the large vessels did not extend beyond the secondary or tertiary branches, so that the smaller are not affected, and the structure of the lung not so much implicated in disease of the heart. These valves are not noticed in any work on descriptive anatomy.

Malformations.

15. Dr. Bradshaw—An anencephalous fœtus of about seven months. The whole of the abdominal viscera were external to the parietes, and there is varus of the left foot. The mother attributed it to a fright from seeing a man with a club foot, as well as being in a state of great mental excitement from domestic affliction. This lady afterwards miscarried on two separate occasions, but, the cause of her distresses being removed, subsequently went her full time, and twice produced a healthy, full-grown infant. He mentioned this case, as showing the influence of the mind over the functions of the uterus.

Mr. Walker related an instance where a newly-married female was frighted by a hare being shown her with the entrails hanging out. The child was born without a head, and the whole of the abdominal viscera were external to the abdominal parietes. There is great difficulty in tracing the results of the produce of conception to the circumstances which caused the mental excitement. Occurrences like these are not unfrequent, and many are recorded by the older writers, and have afforded grounds for much vague speculation; but, in the present state of our knowledge, they can be looked upon merely as curious coincidences, and arrest of the ordinary development.

16. Mr. May—An anencephalous fœtus of about eight months' growth, sent by Mr. Skeate Workman. It was produced by a delicate female, aged thirty-five, her second child; the first alive and normal. It was a face without a brain; spinal cord perfect; born dead, with foot presentation, but felt alive the day before. There is double talipes varus, and slight umbilical hernia; one arm much smaller than the other.

Fœtus and Fœtal Preparations.

17. Mr. Harrinson—A diseased placenta, taken from a woman in labor of her eighth child, of which he gave the following history and description:—He was sent for by the midwife in attendance, who could not distinguish the presentation, which he found to be the integuments, containing the cranial bones, in a state of decomposition. The fœtus appeared to have arrived at the seventh month, and to have been dead five or six weeks. The placenta he described as being tuberculated in a generic sense, not in a specific. No blood followed on the labor, or in the lochia. The blood becoming coagulated in the sinuses of the placenta, was a frequent cause of abortion, and was found to have occurred in fifty-two out of fifty-six cases, and appeared to arise from an undue excitement of the walls of the uterus.

Tumors.

18. Mr. May—Polypus of the uterus, taken from a maiden lady of 45, which he had attempted to remove by ligature, but, failing, excised it with curved scissors. No hæmorrhage followed. This tumor is usually called polypous, but he believed it identical with that called fibrous—that it commenced beneath the mucous membrane, and, passing out of the os tincæ, expanded according to the diminuted pressure of the vagina. In the ordinary fibrous tumor little could be done by way of operation, but when they were pedunculated they could be easily removed. There is generally little hæmorrhage. In 200 cases related by Dupuytren, in only two was there bleeding to any extent, and it was easily controlled by a sponge.

19. Mr. Maurice—A large tumor, together with the uterus and its appendices, taken from a female who died forty hours after the Cæsarean operation, the tumor obstructing delivery by every other means. On examination after death, a large fibrous tumor with osseous deposit, was found attached by a broad band nearly three inches in diameter, to the sacrum and last lumbar vertebra, pressing against the vagina and cervix uteri, covered anteriorly by the peritoneum, which attached it to the sides and body of the uterus. It nearly filled the whole cavity of the pelvis. The uterus was contracted and the wound gaping, which now appeared as if made in a slightly oblique direction from opposite the left Fallopian tube to an inch below the right. On the upper edge the muscular fibres were exposed, the peritoneum appearing retracted to the width of an inch; the lower one consisted of little besides its peritoneal covering. This case was afterwards communicated to the Medical Society of London, and is published in the "Lancet," for Feb. 4, 1843, along with its proceedings.

20. Mr. Harrinson—A kidney, which, with the diseased mass around it, weighed nearly six pounds. Sent by Mr. Keen, of Sloane-street, Chelsea. It was taken from a man aged sixty-two, who, nine months previously, had first noticed a fulness in his left side, which at length increased to such an extent as to occupy the whole length of the left hypochondrium, compressing the stomach so as to interfere with its function and admit food only in small quantities at a time. On the 17th September some blood was first noticed, passed in strings, as he termed it, with the urine. There was dyspnœa at intervals, and about a week before death cough, with a copious expectoration of tuberculous matter. Œdema of the legs succeeded, and death on the 10th of October. At the autopsy, which could not be obtained till four days after death, on turning up the omentum, a large mass presented itself, so little like any known organ, that all present were at a loss respecting its nature and seat, until the whole was removed from the body, and the stomach, intestines, &c., which were adherent to it, were dissected away; prolongations descending between the course of the diaphragm attached it to the vertebræ. The anterior surface was soft, and, on being cut into, about half a pint of matter, resembling broken-down tubercle, escaped. Behind this sac was found the kidney, completely degenerated into a tuberculous mass. The right kidney was healthy, though considerably enlarged. The spleen healthy; left lobe of liver compressed and curiously flattened by pressure of the tumor. The mesenteric and lumbar glands diseased. The only thing that could be elicited as to the early history of this case was, that he had been subject to lumbago, but at that time was not aware of anything anomalous or deficient in the urine.

21. Mr. Harrinson—A sacculated tumor, of which he gave the following history:—About twelve months ago he was called on by Mrs. Graham, aged fifty-five, mother of several children, to introduce the catheter for retention of urine. Eight months afterwards she became a patient at the dispensary for some affection of the bladder. A tumor was discovered nearly occupying the cavity of the pelvis, which was punctured with a trocar from the vagina, and an albuminous fluid drawn off. It was followed by slight rigors and fever, which lasted only a few days. Two months afterwards she had a relapse, and died of asthænia. On inspection the pelvis was found filled with a large tumor attached to the sacrum from the second to the third foramen, and extending to the right sacro-sciatic ligament. On being laid open, a large sac was found in the centre, containing a considerable quantity of albuminous fluid, the tumor itself being chiefly scirrhous. The uterus, bladder, and rectum were healthy.

22. Mr. May—Scirrhus and atrophy of the mamma, taken from a lady, aged forty-three, who died from purpura hæmorrhagia. The skin during life was brawny, parchment-like; the mamma gone, a slight scirrhous deposit occupied its situation between the anterior and posterior fasciæ of the mamma. The liver on its upper surface presented scirrhous infiltration, not a distinct tumor, but a gradual blending with the original structure; there were in other parts small tubera. The gall-bladder was in a curious condition, filled with a clear fluid, perfectly neutral as regards the ordinary tests. The kidneys filled with blood; the intestines with dark fluid. The lungs healthy;

right lung adherent to the diaphragm. The heart empty, with effusion of blood beneath its serous covering. The uterus presented a scirrhous tumor between the rectum and vagina. The Fallopian tubes were blocked up with cancerous matter, and a serous cyst in the free extremity of one of them. The cancerous deposits in this instance were truly scirrhous, different from the encephaloid form of cancer. The catamenia ceased suddenly three years ago on getting wet.

Abdominal Viscera.

23. Mr. Harrinson—A series of dried stomachs, human and quadruped, as tending to illustrate the remarks of Professor Schultz on the relative size of the curvature of the stomach in infants, adults, and animals, which served to explain the facilities of vomiting in different individuals, according as the line of curvature of the stomach approached that of the direct peristaltic action of the general alimentary canal.

24. Mr. Harrinson—A diverticulum ilii taken from an old man, who showed no symptom of it during life. Mr. H. called attention to the importance of a knowledge of these diverticula, as they are sometimes the cause of strangulation, and showed a drawing of a case where a boy of twelve years died from strangulated intestine, by a diverticulum ilii which was attached to the umbilicus.

25. Mr. Walker—An enormously enlarged spleen, taken from a boy ten years of age, who complained of rigors, pain of the left hypochondrium, and emaciation. The rigors assumed the regularity of ague; he sank exhausted. On opening the body, the liver was found exceedingly enlarged, with several small abscesses, some of which had emptied their contents into the folds of the mesentery, where there was a considerable collection of matter. The spleen was red, and bore the appearance of inflammation. The case altogether presented features of great complication. The boy had only been ill for three weeks. The alvine evacuations were pale; the gall-bladder surcharged with bile; no pain in the right side.

26. Mr. Dunn—Stomach and heart of a man who died in the hospital from the effects of poison. He was a compositor in a printing-office in this town, and of dissipated habits. He took the poison between ten and eleven o'clock in the forenoon, and retired to his bed-room, where he was discovered about two hours afterwards. Medical aid was immediately called in, and an emetic administered, which brought up a quantity of yellow matter. On being visited in an hour afterwards by another medical man, he was found in a state of stupor; cold, purple skin, and pulseless at the wrist, but with intelligence perfect, and he could be easily roused to answer questions. The stupor did not seem to be that from opium; the pupils were not dilated, nor was there any stertor in the breathing; there was no tenderness on pressure in the epigastrium, nor did he complain of pain, but the whole of the vital powers seemed depressed greatly, and the stupor appeared to be the consequence. He was conveyed to the hospital about five o'clock, when the stomach-pump was employed, and hydrated protoxide of iron administered. He expired two hours afterwards. The body was examined nineteen hours after death. The stomach was much congested and vascular, with several points of ecchymosis scattered over it. The heart also was very red, with several flakes of effused blood beneath the endocardium. The whole of the organs were red, the blood fluid. Arsenic was found in the stomach; the patient acknowledged having taken both arsenic and laudanum; the phial which contained the latter was found in his bed-room. An interesting discussion followed, as to whether the coma and depression exhibited during life were the result of the opium or the arsenic, or whether the usual effects of arsenic, as pain, griping, and vomiting, were suppressed by the accompanying quantity of opium. It is probable the laudanum had some share in the production of the symptoms, but similar results are found to arise in cases where the dose of arsenic is large, or in solution, constituting the second class of cases described by Christison, Orfila, and others, where death occurs in six to ten hours, or within the first day. Where the quantity of arsenic is large, its depressing influence induces the comatose condition and death before the inflammatory symptoms set in.

27. Mr. Walford—The stomach of a boy, who, mistaking a bottle of gin for something else, to quench his thirst, took a draught of it, became comatose, and never woke up. The quantity swallowed was about six ounces of undiluted gin. On examining the body, the stomach was found ecchymosed, the bronchial membrane congested, and the tubes filled with frothy mucus. The brain was congested, the arachnoid covered with a jelly-like effusion, and slightly opaque; no fluid in the ventricles. A very interesting conversation ensued on this case, in which Mr. May mentioned an instance of extreme drunkenness which occurred in the practice of Mr. Sampson, of Salisbury, in which he opened the trachea, and kept up artificial respiration for some time with complete success. It is supposed that, from pressure on the brain, asphyxia follows, from the difficult transmission of blood through the lungs in these cases. Mr. M. believed it is the only instance on record of such a proceeding, but it is sufficient to prove the accuracy of the pathology, for, by keeping up artificial respiration, you give the brain time to recover itself. In cases of extreme coma from intoxication, when symptoms of death are apparent, this operation should be attempted.

The stomach in Mr. Walford's case presented similar appearances to those described by Sir B. Brodie in his experiments on rabbits, but which are not always found in those who have been habituated to the use of ardent spirits, as we may suppose this boy *not* to have been. The experiments of Orfila and Christison show the same effects on the stomach when proof spirit is injected into the veins.

28. Mr. Dunn—A cirrhose, hobnailed, or tuberculated liver, taken from a man who died in the hospital, and had been a confirmed drunkard. He had effusion into one side of his chest, as well as in the peritoneum, on his admission. Effusion suddenly occurred in the other side, terminating life a few days afterwards. The gall-bladder was small and contained very little bile.

Calculi.

29. Mr. May—A vesical calculus extracted during life by the lateral operation. Also a renal calculus impacted in the kidney, of a triangular form, its angles

so fixed in the infundibulum that it could never have descended into the bladder. The nucleus was lithic acid.

30. Mr. Jeston, of Henley—A gall stone of very large dimensions voided during life; fifteen years afterwards the same patient became dropsical, and being weary of taking medicines for its relief and without benefit, was ultimately cured by taking snuff mixed with digitalis, in the proportion of three grains of the latter to thirty of the former.

31. Mr. May—A biliary calculus weighing one drachm twenty-three grains, sent by Mr. Hewitt, of Ilsley, which was passed during life; also two others of curious triangular shape taken after death, apparently composed of cholestrine and the result of inspissation.

32. Mr. May—A urinary calculus, also sent by Mr. Hewitt, weighing two ounces four drachms fifty-three grains, taken after death; lithic acid nucleus, with rough nodulous or spinous surface, and thin phosphatic crust. Mr. M. read extracts from Mr. Hewitt's letter, mentioning the cases of three men afflicted with calculus, who lived fifty years on the banks of the same brook; two had similar stones, one different.

33. Mr. May—Some calculi with the bladder and kidneys of the same subject, aged eighty-two, and from whom he had taken the biliary calculi. The bladder contained numerous stones and detritus, with some muco-purulent urine. Its fundus was more horizontal than natural, being distended into a pouch, the apex of which was thin, and formed only of serous and mucous membrane. The mucous membrane of the bladder, generally, was highly vascular, the muscular and cellular hypertrophied. The prostate gland enlarged to nearly thrice its natural size, the left lobe projecting considerably within the cavity. The prostatic portion of the urethra very much dilated. The kidneys embedded in fat, the pelvic apparatus of the right dilated, containing calculous matter mixed with muco-purulent urine. The cortical substance atrophied, with small serous cysts within its capsule. The left in a similar condition but more advanced, and with numerous and large cysts on its surface. The ureters dilated, the left contained a calculus near the bladder. The calculi lithic, with deep chocolate coating, and a super-crustation of phosphates, all being extremely fragile; gross weight eleven drachms one scruple; the largest seven drachms twelve grains; the smaller, four drachms eight grains.

34. Mr. Harrinson—A calculus taken from the left ureter, the symptoms of which were distinctly marked during life; one or two calculi had been extracted from the urethra about twelve months before; the patient died of asthænia. The right kidney and ureter were large and tuberculous, the left three times as large as the right and filled with flocculent fluid; the stone was impacted in the middle of the ureter. He had not voided urine for twenty hours before death, but did not die comatose, as is usual in suppression of that secretion. There was no stone in the bladder. This and the preceding case are well-marked instances of the origin and progress of urinary calculi, their original formation in the kidneys, their progress through the ureters to the bladder, where the successive aggregation of new particles increases their size so as to cause the painful train of symptoms which usually characterise their existence.

37. Mr. Harrinson—Casts of the feet of Mrs. Egby's infant, fourteen days old, presenting a curious malformation; the first and second toes of each foot, together with their metatarsal bones are wanting; the phalanges of the third toes are also absent; tarsal bones probably complete. In this infant, also, the extreme phalanx of each thumb is bent at right angles towards the forefinger; there is no nail on the latter.

38. Mr. Jeston, of Henley—Some sketches of the deformity of the feet and toes of two young women who reside at Nuffield, in Oxfordshire; one of them had three children, two of whom had deformity of the feet. The grandmother of the latter says she was frightened when pregnant by the sight of a picture of a man with a deformed foot at a fair; she did not see the man, merely the representation.

39. Mr. May—Two casts of feet, in which the section of the tendons had been performed for talipes. Though simple and efficacious as such operations were, the deformity generally returned unless great care is taken to preserve the proper position by mechanical contrivances.

40. Mr. May—Six casts of deformities of the hands, in some of which the fingers are united by a web; in others there are supernumerary fingers, all occurring in the same family; and gave a detail of eighteen cases which he had traced through six generations, besides others which are not authenticated. Mr. M. continued, it is difficult to find any reasons for these malformations. It is said that up to the third month of intra-uterine life, the fingers are all united by a membrane similar to the membrana pupillaris, but why it should continue in certain families is impossible to say. It is observed that when it occurs in the fingers it was nearly always on the ulnar side of the hand, and that the feet were seldom affected. The cases here presented are extraordinary instances of the transmission of an hereditary deformity.

We have thus, Mr. President, performed, with what ability we could, the responsible duty which the society did us the honor to confide to us. Had the task been left in other hands it would doubtless have been more ably performed, and a more useful and valuable document deduced from such excellent materials.

There are two modes open to the writer of an address of this kind—one, that which we have adopted; the other, to illustrate the various subjects, by appending notes and making references to authors, as well as adding observations of his own, thus extending it, and perhaps enhancing its utility; but we preferred the more simple course, of being merely the annalist of, not the commentator on, your own labors.

Before concluding, let us reiterate our thanks to the Board of Management of the Royal Berkshire Hospital, for their continued indulgencies, and accommodation for our meetings. Also to Mr. Dunn, for the admirable and skilful manner in which he discharges the troublesome though important duty of "putting up" the preparations. Finally, let us express the hope that the society will continue to flourish, that its past proceedings may be but the earnest of the future, and that every member will continue to vie with his brother in the promotion of its objects, the advancement of the profession, and the cultivation of every social and good feeling towards each other.

OBSERVATIONS
ON
SPINAL IRRITATION.

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[*Read before the Members of the Yorkshire Branch of the Provincial Medical and Surgical Association, at their Annual Meeting, held at York, June* 29, 1843.]

I believe it is scarcely possible accurately to define *irritation*, it so closely approximates, and so often runs into inflammation. Mr. Lawrence says that "the term irritation, if used in contradistinction to inflammation, does not denote any definite state; that generally the term irritation is used to denote disturbance of the nervous system; but, if we adopt it in reference to the body generally, we shall, in most cases, analyse it into something like inflammation." And yet irritation is very different from inflammation, though in certain cases we have some difficulty in discriminating between them. With regard to the morbid appearances presented in this disease there is but little known, as patients so rarely die of it, and, therefore, the opportunity of obtaining a post-mortem inspection but seldom occurs; at the same time you would not expect to find any serious lesion, probably in most cases merely congestion of the blood-vessels of the affected part; but then, again, there are cases where the disease is induced, and kept up by morbid deposits within the theca, or else by actual disease, with distortion of the bones; the latter may generally be greatly relieved, the benefit in the former case depends much on the nature of the deposit.

The position which I intend attempting to prove is, that you will have different morbid actions produced according as different parts of the spinal cord are in a state of irritation; thus, when the cervical portion is engaged, you will have pains in the scalp, shoulders, arms, cramps in these regions, difficulty in deglutition, nervous cough, disordered digestion, hiccough, dyspnœa. When the dorsal portion is engaged, you will have nervous pains in the integuments of the thorax, and perhaps abdomen, more particularly the submammary and sternal pains, disordered digestion, lassitude and inaptitude for business, &c. When the lumbar portion is engaged, you will find the region of the loins, the genital organs, the lower limbs, more or less affected. When the sacral portion is engaged, you would expect to find the part supplied by the sciatic nerves the seats of pain. In most cases these symptoms are only occasionally present, but in severe cases some of them are never absent. The brevity of these observations prevents my going into a more detailed account of the arrangement of the symptoms.

It is well known that any severe injury to the *medulla oblongata* produces immediate death, by paralysing those muscles by means of which respiration is carried on; the pneumogastric nerve, which plays such an important part in respiration, being injured, reflects the injury to the spinal nerves which supply the intercostal muscles and the diaphragm, and thus entire paralysis of the respiratory muscles is the consequence, producing suffocation and death. Should, however, the injury be of such a nature as only to produce irritation of this portion of the spinal cord, we shall then only find symptoms of irritation, such as hiccough, resisting all ordinary remedies, but which in general readily yields to counter-irritation over the upper portion of the neck; in fact, spasmodic action as a result of irritation, paralysis when the injury is more severe.

With regard to the origin of spinal irritation, but little is known with any certainty; whether it originates in local causes affecting the spinal cord, not subsiding but keeping up the irritation once established—or whether it is induced in the nervous centre by disease of a distant organ, either functional or organic, by a reflex action, as is supposed by my old teacher Dr. Graves—I do not pretend to say; my own opinion is that it may originate in either cause, and that in very many cases the disease will not subside unless you act on the distant organ as well as the nervous centre. For instance, spinal irritation caused by neglect of the bowels, if of any standing, will not be cured merely by purgative medicines, nor by counter-irritation alone, but if the treatment is directed both to the bowels and spine, a cure will speedily result. I believe it often happens that a disease is established in the spinal cord by reflex action, that the distant organ may become healthy, and yet the irritation still remain in the nervous centre. The ordinary exciting causes of the disease under consideration are—cold, a disordered state of the bowels, and uterine irregularities of various kinds; excessive depletion, also, is very frequently followed by spinal irritation, the nervous system sympathising largely with the general disturbance. In these cases it is impossible to be too cautious of the use of the lancet, or any other mode of depletion, although, to a casual observer, they may seem imperatively to demand it. We very generally find them complicated with more or less disorder of the bowels. The treatment of such cases is obvious.

It is astonishing to what an extent some women allow constipation of the bowels to go without adopting any mode of relief, and this I believe to be one of the most frequent causes of reflex spinal irritation, and perhaps one of the causes which gives the great preponderance of cases of this disease to the female sex—probably 97 or 98 per cent. Even in temporary derangements of the bowels and liver you will frequently find spinal irritation to exist, manifested by muscular pains in the thorax, arms, neck, &c., along with tenderness on pressure over the spine. This form, however, requires nothing more than attention to the bowels to effect a cure, as the irritation has not existed sufficiently long to become established as a separate disease. In these cases it usually disappears as rapidly as it arose on the action of a smart purgative.

In many cases I have been able, on ascertaining the seat of pain, to lay my finger on the diseased portion of the spine immediately. Of course, in this, as well as in most diseases, anomalous symptoms will occasionally present themselves which it may be difficult to locate; but this would be no argument against the soundness of any general proposition. All the symptoms I have enumerated have usually been referred to spinal irritation generally, as if irritation of *any* portion of the spinal cord would produce each and every one of them, and this extreme vagueness has led many to abandon the examination of the spine altogether, perhaps thinking it impossible that disease of any one organ could produce so many and such varied results, forgetting the numerous organs that are supplied by different portions of the spinal system, and its immense importance in the animal economy.

A feeling of pain in the affected portion of the spine I do not believe to be, in general, at least, indicative of this disease; the prominent symptom is mostly pain in some distant organ, and which is frequently greatly aggravated by pressing on the spine over the origin of the nerves supplying the part. The patient now complains of acute pain being excited in the spine by pressure, where before she was quite unconscious that any morbid action existed. Occasionally, however, the patient will complain of severe pain in the spine; but may not this arise from an acute inflammatory condition, rather than from irritation? In many cases, too, we find irritation of the spinal cord complicated with an inflammatory condition of its membranes; under such circumstances you will find both pain on pressure and a sensation of pain, acute or dull, according to the tissue engaged.

Spinal irritation does not, however, necessarily cause pain in the organ supplied, but may be manifested by functional disorder only. This is particularly the case when the bowels are the site of disorder.

I believe that in cases of spinal irritation we shall find tenderness on pressure over the vertebræ, in that part of the spine where the disease exists, always present—an invariable symptom.

Local spasmodic affections occasionally, but rarely, depend on local disease of the nerves of the part; in general they will be found to be produced by distant irritation, sometimes of the spinal cord at the origin of the nerves supplying the part, and sometimes by intestinal irritation, acting, of course, through the spinal cord as the medium of communication. In a case of tonic contraction of the fingers and toes of a child about a year and a half old, to which I was called in, it appeared to me to have been caused by a large quantity of calomel which the child had previously taken for some other affection, and readily yielded to a few doses of castor oil and warm baths, along with slight counter-irritation to the spine, both dorsal and lumbar, which was evidently very tender on pressure.

A case is mentioned by Dr. Alison, of Edinburgh, of extreme spinal disease, as probably arising from the effects of mercury; but this is denied by Mr. Bradford, of London, who had mercurialised the man for syphilis, and who says the disease existed previously. One patient, in whom, at one time, hiccough was a very prominent and distressing symptom, which was not removed by ordinary counter-irritants, I found instantly relieved by applying a small cupping-glass at the upper part of the cervical spine, which was very tender on pressure. I believe that this symptom will generally be found whenever the irritation affects the origin of the pneumogastric nerves.

A case of hiccough, removed by a seton over the origin of the phrenic nerves, is mentioned by Dr. Watmough, of Pocklington; but in this case the irritation at the origin of these nerves is not very distinctly marked, unless it were from sympathy with the injury which the inferior dorsal and upper lumbar medulla spinalis had received, which is quite possible. Hiccough is also sometimes produced by irritation of the dorsal portion of the spinal cord; but I am inclined to think it much more rare than that arising from disease affecting the medulla oblongata.

I must not be supposed to state that hiccough has no other origin than disease of the spinal cord; every one is well aware that ordinary hiccough may arise from various matters offending the stomach, and is easily removed; but even in these cases the impression is first conveyed to the spine by the incident excitor nerves, and from thence to the muscles engaged in hiccough by the reflex motor branches. It will also arise almost constantly from excessive loss of blood, and is a very bad symptom when occurring in puerperal women after flooding, as denoting great nervous derangement and depression.

When the disease exists lower down in the medulla spinalis, other symptoms arise, one of which I believe to be frequently confounded with cardialgia and angina pectoris, from both of which, however, it is entirely distinct. The symptom to which I allude is pain, mostly of a persistent character, referred generally to about the junction of the seventh or eighth rib with its cartilage, but sometimes to other sites. Usually the seat of this pain may be covered with the finger, but occasionally, in cases of long standing, and of an aggravated character, it may extend to a considerable distance round this spot, which will, however, still be referred to as the point where it is most severe. In a case of spinal irritation about the middle of the dorsal region, which was under my care a few months ago, the pain extended from the extremity of the seventh rib over the whole abdomen, and round to the spine; all this was removed for a time by a small blister over the seventh vertebra, and afterwards cured by keeping up counter-irritation for a considerable period, along with gentle aperients. The origin of this case was distinctly referable to cold.

In another case, of four months' standing, the only complaint made was of pain in three spots, one in each sub-mammary region, the other about the centre of the sternum. I found tenderness on pressure over the third and seventh dorsal vertebræ; I have noted "all the functions regular." I only ordered, in this case, counter-irritation to the spine, which entirely removed the pain from the three points in a few days. I subsequently ordered very gentle laxatives, as the bowels seemed to be rather inclined to be torpid; I was, probably, not sufficiently minute in my inquiries on this head in the first instance. Pressure on the tender portions of the spine caused intense pain in the distant points. This case is interesting, as being one in which spinal irritation existed, which was not distinctly traceable to irritation or disease of any distant organ, and which readily yielded to topical treatment.

Irritation of the cervical and dorsal spinal cord will frequently cause a nervous cough, exceedingly difficult to remove, unless counter-irritation over the affected part is had recourse to, when it generally is easily removed.

Dr. Ducros, of Marseilles, has given nine cases of nervous asthma, relieved by applying ammonia over the cervical vertebræ over the origin of the pharyngeal plexus. In these cases the benefit was of course derived from its acting as a counter-irritant, and removing, at least for a time, the congestive state of the spinal blood-vessels causing the distant irritation. Dr. Laycock refers spinal tenderness to a neuralgic condition of the spinal cord itself. I confess that I cannot see much similitude between an ordinary neuralgic nerve, where a paroxysm of pain is the prominent symptom, and spinal tenderness which is only made manifest when pressure is applied. I do not consider those cases where pain is a prominent symptom to be referable to spinal irritation, which I believe always manifests itself either in pain or functional disorder of the organ or organs to which its ultimate branches are distributed. May not Dr. Laycock have confounded spinal inflammation, a very obscure disease, with spinal irritation, as he mentions as one of its symptoms slight tumefaction of the affected part, generally indicative of deep-seated inflammation? Spinal irritation must be common in all diseases of organs supplied by its ultimate branches, generally induced by reflexive irritation, and therefore its presence in a great many diseases is no reason for denying its existence idiopathically, or its importance remedially.

Ordinary tic douloureux may, and very probably does, owe its origin to irritation at the roots of the engaged nerves, and hence the difficulty of its cure. This irritation may be induced by tumors or bony deposits pressing on some portion of the nerve, and I have no doubt that this is a very frequent cause of this disease.

In inflammation of the spinal cord itself, I believe you would seldom find pain a prominent symptom; indeed I think the facts we are in possession of with regard to this most obscure disease, tend to show that it has no sensibility, properly so called; but should its membranes be involved or primarily engaged, pain in the back will be urgent, but not I believe on pressure. In fact, under the head of spinal irritation, both inflammation of the cord itself, inflammation of its membranes, inflammation of its bony coverings, and true spinal irritation have been confounded together, and this has led to the unsatisfactory conclusions usually formed with regard to this disease.

Dr. Henry Mc Cormac, in his *methodus medendi*, seems much to doubt the existence of the disease in question at all, on the ground that he has found spinal tenderness on pressure, without any existing neuralgic affection of the chest, &c. This appears to me to be very bad logic. It is probable that in the cases alluded to by him, the symptoms were indicative of an irritated state of the corresponding portion of the sympathetic nerve, caused perhaps by the state of the bowels, or some other exciting cause.

Dr. Addison, in his work on the "Disorders of Females from Uterine Irritation," mentions the pain under the left mamma, or some part of the abdomen, which he vaguely refers to irritation of the cardiac orifice of the stomach; some cases, however, he looks on as neuralgic. The pain of the abdomen, he says, he has more than once mistaken for peritonitis, but of course the nature of the pulse, and the other symptoms, should be sufficient to guard us against this error. He recommends cold and astringent injections the uterus, and anodynes to the seat of pain, with attention to the bowels. This treatment must, I should think, however, have often disappointed him, though I do not deny that the uterine affection may have been the first exciting cause of the spinal disease producing the pain.

Mr. Tate, who has published a small work on Hysteria, looks upon its symptoms as produced by irritation of the spine, induced perhaps by uterine disease. He believes the spinal cord in hysteria to be always in a state of inflammation or irritation, and that by removing this state the constitutional disease is also cured.

Dr. Marshall mentions one case of diabetes mellitus, as cured by counter-irritants to the spine. He thinks that diabetes depends on irritation of the nerves supplying the stomach and kidneys, and hence his treatment. The spine is not mentioned as being tender on pressure. I have had no opportunity lately of putting this theory to the test; but it is quite possible that it may have some foundation in reality, and, of course, the amount of importance to be attached to it will entirely depend on its being borne out by farther observations.

Mr. Teale, in his excellent treatise, refers those irregular pains often called rheumatic, fixed pain in the shoulders, occiput, pleurodynia, constriction across the epigastrium, cramps, &c., to irritation of the spinal cord. In almost every case he has found tenderness of the spine over the points where the nerves supplying the painful part pass out; and even when it exists with deformity the pain may be cured, though the curvature remains. Of this I had, about a year ago, two very good examples in two girls, aged nine and fifteen, in whom the only prominent symptom was pain under the left mamma, existing with considerable distortion—one lateral, the other posterior. There was much tenderness on pressure in the distorted portion of the spine in each case, which was removed, along with the induced distant pain, in a few days, by counter-irritation alone. Mr. Teale believes that irritation of the sympathetic nerve may be detected by its general connection with irritation of the spinal cord corresponding to its diseased portion, induced through its communicating branches.

With regard to the treatment of spinal irritation, it will be inferred, from my preceding observations, that I should not recommend any one line of conduct in all cases, to the exclusion of every other. I do not recommend counter-irritation to the spine, or purgatives, or both, as a specific in this disease; no, where the bowels are in fault primarily, or as a sequence to the nervous derangement, I should place full confidence in aperients and liniments to the spine, followed up, if necessary, by tonics. Where it is complicated with any uterine affection, the appropriate treatment should be directed to the uterus, and combined with counter-irritants to the spine. Where it exists with anæmia, counter-irritants and mineral tonics are indicated; in fact, wherever functional disorder exists, either as the cause or consequence of spinal irritation, measures must be taken to remove it, as well as the spinal disease; but when the nervous disease is manifested merely functional nervous derangement, it will be easily subdued and removed by local treatment applied to the spine. I do not deny that some cases of spinal irritation will occasionally yield without local treatment; and I more particularly allude to those cases where it is temporarily induced by temporary derangements of distant organs, though I would not entirely limit it even to these cases; yet of this I am convinced, that in every case of any standing, you will greatly accelerate the cure by counter-irritation to the spine, and some cases you will find entirely unmanageable till you have recourse to it; and in all cases it is a perfectly safe remedy, if not carried too far. The form of liniment which I find most effective is twenty drops of croton oil, a scruple of tartar emetic, a drachm of liquor potassæ, and seven drachms of water. It brings out a small rash, which is easily kept up. As an aperient and tonic, pills of sulphate of iron, aloes, ipecacuanha, and capsicum, will be found to answer well in most cases; but of course the details of the treatment must be altered to suit the peculiarities of individual cases. In these cases, perhaps more than in most others, change of air, sea bathing, and occupation, are of the greatest use in preventing a recurrence of the disease, by inducing a more natural and healthy performance of the functions of the body without the aid of medicine, which frequently leaves the patient without disease perhaps, but still in a very favorable state for its re-development, on the slightest exciting cause presenting itself.

I have now given a very short outline of spinal irritation, its causes, symptoms, and treatment on rational principles; very much, however, still remains to be done before we can determine the exact amount of importance to be attached to it; but I think I have brought forward sufficient facts to prove that much may be done by directing some of our treatment to the spine, even when its irritation does not exist idiopathically, but merely as a symptom of distant derangement. The great mistake has been that very generally the treatment of these affections has been entirely directed either to the spine alone, the bowels alone, or the uterus alone, and so on; and this narrow view of the subject has of course given to these cases a character for greater obstinacy than I believe them to possess. I shall now close these remarks, with the hope that you will kindly excuse the imperfect manner in which I have fulfilled my task of illustrating a subject, perhaps more difficult to unravel than most others on account of the great latitude in which authors on the subject have indulged, in designating every disease they did not understand by the title of spinal irritation.

GASTRALGIA.

M. Rougier, of Lyons, speaks highly of the endermic use of morphia in neuralgic affections of the stomach. He commences with the dose of half a grain, and says that the remedy thus employed speedily removes the distressing pain and vomiting. In cases where gastralgia is accompanied by symptoms of depression, he employs tonics internally, and when the tone of the stomach seems to require assistance small doses of strychnine may be added with advantage.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, SEPTEMBER 9, 1843.

"If an arrogant pretender, or a benevolent enthusiast, were to call upon a manufacturer or millowner, and to tell him that his cloth was not good nor well-finished, or that his damask was not perfect, the pattern not clear, and the fabric of a bad sort—and add, that he had a certain oil or spirit, which being mixed with the wool, or rubbed on the machinery, would put all right, and make his cloth or damask the very best that could be produced—that it made no matter whether the machinery was bad in kind, or broken, or worn out, or out of repair—or whether the engine man neglected his duties—or whether the workmen were in disorder—or whether the governing and directing head of the establishment was incompetent—or whether the wool with which the machinery was fed was of a uniform bad quality—no matter what was the cause of the cloth or the damask being imperfect—only rub the crown of the head of the engine with this wonderful oil or spirit, and pour two tablespoonfuls of it every morning into the wool, when it was put to the slubbing machine, and that would cure all defects—would not the proposal be laughed at, by every workman about the premises, as outrageously absurd? And why? Because the workmen *understand* the machinery and business in which they are employed."

The preceding observations are taken from an interesting lecture recently delivered before the Wakefield Mechanics' Institution, by Dr. T. G. Wright, on the subject of quack medicines. A similar sentiment has been expressed by Dr. Marshall Hall in his Gulstonian lectures. "There are no quacks amongst the engineers, because every one knows that an engine must be understood by him who would repair it. When this truth obtains in regard to medicine, then, and not till then, will that most complicated of machines, the human frame, cease to be confided, in the derangement of its functions, or the diseases of its structure, to any one who is ignorant of the many springs of its action and principles of its composition."

Ignorance and quackery are so intimately allied, that the one is rarely found without the other, and the only effectual method of restraining the practice of empiricism is by so far enlightening the community as to place them above receiving the delusion. Health and disease, the sense of pain, and the pressure of sickness and suffering, are the concern of everybody; engineering, on the other hand, is the special occupation of a few. It admits, therefore, of question how far it is practicable, in the present state of society, and amid the multifarious calls upon the time of individuals connected with their special occupation, to infuse into the whole community such an amount o knowledge in relation to the construction of the human machine, its modes of action, and its preservation in a state of repair, as shall suffice to prevent them from inconsiderately exposing themselves to the malpractices of the quack. The incompetent engineer, too, who ventures to meddle with a piece of machinery, without understanding its powers and the mechanism of its construction, not only runs the risk of injuring the machine, which possibly he might make little account of, or disregard; but if it be in action at the time, as in the analogy attempted to be drawn in the case of the human body, he will probably himself suffer, in life, or limb, the penalty for his rashness in intermeddling with that which he does not understand. No doubt, were a part of the physical mischief resulting from the practice of empiricism to fall upon the empiric himself—were the administration of every dose of Morison's pills to entail upon the exhibitor a portion of the effects under which the unhappy patient too often suffers, the number of those who thus work out for themselves a portion of the mammon of unrighteousness, to the certain injury of their fellow-creatures, would be considerably diminished. The length of time also which must elapse, even if the attempt to convey the requisite knowledge were immediately entered upon, before the desirable end of checking imposture through the banishment of ignorance could be attained, and the consequent amount of suffering which must till then be inflicted and endured, would induce us to urge the adoption of more immediate remedial measures, which shall involve the quack himself, and shall make him feel in person for the suffering which his selfish recklessness and want of principle entails upon others.

While the adoption of measures, to place, as far as practicable, every member of the community without the sphere of empiricism, and above the influence of the quack, ought by no means to be neglected, we would at the same time render it penal for any one to undertake the management of disease whose competence to do so had not been duly tested and legally certified.

All legal protection should at once be removed from quack medicines, and so far from the plea of ignorance being admitted as an excuse for the maladministration of powerful drugs, it ought, on the contrary, to be considered as an aggravation of the offence, and subject the offender to the most severe, instead of the most mitigated sentence which the law directs.

There is, however, unhappily, a species of empiricism which professes to be based upon knowledge, and a class of empirics existing also among the legally qualified; and the mode of dealing with quackery of this description, and with those who thus practise it, becomes much more difficult. Credulity is a principle deeply implanted in human nature; the love of the marvellous exercises a strong influence over the imagination, and too often leads astray the judgment; and to guard against the undue exercise of these principles, without running into unwarranted scepticism on the one hand, or suppressing every manifestation of one of the highest qualities of mind on the other, is perhaps scarcely, if at all, practicable. Few minds, and only those of the most gifted of mankind, are so constituted—so nicely balanced, if the expression may be allowed—as to take the just medium between credulity and scepticism, or to allow imagination its full play, and at the same time preserve the judgment cool, clear, and intact. Now, it unfortunately happens that the more ardent in temperament, as well cultivators of medical as of general science, are sometimes led astray by specious theories, and the records of medicine are sullied by the introduction of systems of empiricism, involving in their meshes the educated and licensed practitioner as deeply as the amateur professor. No legal provision, no penalty but that of suffering experience, can avail in such cases; and yet the sheer and unblushing quackery, both of the professional and non-professional empiric, which is from time to time based upon theories, so called, of medicine, is in its effects amongst the worst that rears the head and front of its offending amongst us.

What penalties, for instance, can reach, what legal restrictions impede, the practice, where conducted by licensed—we will not say qualified—practitioners of medicine, of homœopathy, of hydropathy, or of Mesmerism? The elegant inertness of the first of these, the clumsy and dangerous activity of the second, and the absolute folly of the last, have each found advocates among graduated practitioners of medicine, and victims among the titled, the wealthy, and the intelligent, as well as the poverty-stricken and the ignorant. What can avail, painful and dear-bought experience excepted, against such delusions as these? Still the impudent quackery with which these systems are severally enveloped, by many of those who practise them, may be brought under some control. Mesmerism, homœopathy, and hydropathy, must live their day, and will for a time be practised as medical arts. The medical practitioner, however, who, in his attempts to carry out either of them, shall follow unworthy methods of forcing himself and his system into notoriety, is not only deceived himself, or a deceiver of others, but, at the same time, as essentially a quack as the veriest itinerant vender of nostrums that ever cheated the frequenters of fairs and wakes of their hard-earned pence.

The following neat specimen of the practice to which we allude has been put into our hands. We purposely omit the name; the author of the production will scarcely need to be reminded of it:—

W. J. ———,

Surgeon and Apothecary,

U———,

Having been eminently successful in curing Chronic Rheumatism, Scrofula, Deafness, Tic Doloreux, Hysteria, Epileptic Fits, and most Nervous Diseases, by means of MESMERISM, combined with Medical treatment, begs to announce that, for the greater convenience of Patients living at a distance from his residence, he will attend at the ROSE AND CROWN INN, W———, every *Thursday*, where he may be consulted from half-past Two o'clock in the afternoon until half-past Six. Attendance to commence on Thursday next, August 24th.

☞ The most satisfactory references to well-authenticated and surprising cases of cure will be given by applying as above, or at his own residence, U———.

U———, August 21st, 1843.

We have no knowledge of the individual, W. J. ——, but we observe, in the published list of the Provincial Medical and Surgical Association, a member of the same name residing in the same place; and we cannot but think the use of both name and residence, by the individual who has issued the note to which we here give publicity, a most unwarrantable proceeding. Of course no member of an Association, which has for one of its leading objects the "maintenance of the honor and respectability of the profession," could for one moment be supposed to be guilty of so gross a species of quackery.

We can understand—for, unhappily, we have undoubted instances to appeal to—that gentlemen of honorable and high professional character may be led astray from the calm and philosophical pursuit of medicine as a science, and afford the countenance of a well-earned reputation, and an upright character, to the day dreams of the enthusiast, or the plausibilities of the theorist; but in so devoting himself to an erroneous estimate of the value of a new theory, the high-minded physician or surgeon disdains, equally with his professional brethren who are opposed to him, all recourse to unworthy arts and practices. He is in error, indeed, but his error is one of judgment, not of morals—of the head, not of the heart; and though we cannot follow such a man, it is with the deepest regret that we see him a sacrifice of charlatanries, the more interested professors of which are making their profit under the sanction of his name, and to the detriment of his reputation.

In a very different position, however, stand those who use the visionary speculations of over-strained hypothesis, or the deceitful plausibilities of pseudo-science, as a means of heralding themselves before the public. Whether graduates of universities, or licentiates of colleges and halls, they are in no respect better than the worm-doctor or the water-doctor, the bone-setter or the pill and potion-vender, who advertise themselves and their nostrums in the newspapers and at the market-places. Moreover, they have not the plea of ignorance and want of qualification to advance; and though, perhaps, less actually culpable in the amount of mischief perpetrated, their moral degradation is only by so much the greater, in proportion as their opportunities of discharging the duties of an honorable profession in an upright and honorable way have been neglected and thrown aside. The only means which are in our power to visit such practices with the reprobation they deserve is to refuse all countenance to them, and to those who follow them. It is a moral leprosy, and he who is thus infected excludes himself from all association with honorable men.

A contemporary of ours, who is not remarkable for impartiality, favored his readers last week with a triumphant comparison of the two rival colleges in Gower-street and the Strand. It happens this year that the University College holds the first place in three different classes, and a solitary King's College student the second in two of them. This is not much to boast of, one would think; but our contemporary is of a different opinion, and, with his characteristic one-sidedness, sings a song of triumph in praise of University College, and, giving full scope to his fancy, discovers in this success of a single year decided proof of the go-a-head tendencies of *Stinkomalee* (we thank the "Lancet" for the term), and of the restraint which the opposite principles of the King's College place upon the energies of teacher and pupil. As medical men, we have no preference of one college over the other, whatever our opinions as members of society may be: all that we desire is fair play. We will, therefore, remind our contemporary that, in the second examination for 1842, the only scholarship awarded was to a King's College student, and that though up to this time the decided preference shown at the King's College in favor of the older universities has caused the members presenting themselves at the University of London to be comparatively small, they have gained a fair share of distinction. As to the asserted tendency of the principles of the King's College to shackle the energies of the teachers and pupils, our contemporary well knows that it is all moonshine. We cannot think him ignorant enough to believe it; but if he be, we would earnestly recommend him to study, without loss of time, some good history of science, which will speedily undeceive him. We must do the teachers of King's College the justice to say that they are by no means an idle body. If their energy in teaching is equal to their industry in writing, they cannot be accused of remissness. They have published class-books in chemistry, surgery, physiology, and forensic medicine—have made many valuable contributions to science; and, as men of education, talent, and industry, need fear no comparison with any medical staff in London. If, in saying this, we give them too much praise, our contemporary must bear the blame, for he has set us a bad example. We believe, in spite of these few words of commendation, that we are much more impartial than he.

REVIEWS.

Principles of Forensic Medicine. By WILLIAM A. GUY, M.B., Cantab.; Professor of Forensic Medicine, King's College, London; Physician to King's College Hospital, &c. &c. Renshaw. Part I, pp. 184.

It is an observation frequently made, the truth of which is constantly experienced alike by students and lecturers, that no work has hitherto issued from the press which could legitimately lay claim to the title of "principles of medical jurisprudence." There has, indeed, been no lack of works, but the great majority of their authors have formed an erroneous conception of their task, and instead of expounding the principles of the science, have sought to effect little more than the compilation of a vast heap of recorded illustrations, whilst it has not unfrequently happened that each succeeding writer has copied the inaccuracies of those who preceded him; and thus the same errors have been handed down from author to author, until but little hope remained of meeting with a work whose writer might have the courage to depart from the beaten track, and produce a really useful volume.

In writing his present work, Dr. Guy has evidently not lost sight of the facts to which we have alluded, and the result has been alike creditable to himself as serviceable to the profession. The first division of his book now before us treats of the several subjects of medical evidence, personal identity, age, sex, impotence, rape, pregnancy, delivery, fœticide, infanticide, and legitimacy. The first six of these occupy but a small space, the author having, with much judgment, rejected all extraneous and unimportant detail, and, without being deficient in illustration, has yet succeeded in reducing them to a very concise but clear form; whilst, in the more complex subjects which still remain obscured by the conflicting opinions and discrepancies of authors, he has disregarded to a great extent their several arguments, and has introduced those questions only which commonly fall to the share of the medical witness, to the elucidation of which he has brought well-digested and valuable evidence.

The most difficult and important subject comprehended in the present volume is that of infanticide, on which Dr. Guy has already written largely and well. The results of his previous investigations have been carefully collected, and introduced in many parts of the treatise in such a manner as considerably to enhance the value of the whole. Much that is new is here presented to us, and supported by the important aid of actual experiment. It would far exceed our present limits to make any long quotations from this or any other part of the work; but we may adduce the following passage as illustrative of the manner in which our author has treated a disputed and important point in connection with the post-mortem evidences of infantile respiration:—

"It appears, then, that where portions of lungs which have been inflated are submitted to the same amount of pressure with portions of lungs which have respired, the only difference observable is one of *degree;* the inflated lung, like that of the lung which has breathed, not sinking till its texture is destroyed, but a less amount of destruction being necessary in the former than in the latter.

If, in these experiments, it had happened that a degree of pressure short of that required to break down the structure of the lung had caused the inflated portions to sink, while it was necessary to destroy the structure of the portions which had breathed before they could be made to sink, we could understand how *pressure* would be a means of diagnosis; but when the only distinction is the *degree* in which the structure of the lung is broken up, it is obvious that such a difference can not be used as a test. In any given case we shall have to examine a portion of lung separately, and not side by side with one which we can take as a standard of comparison, we cannot, then, avail ourselves of a difference so slight as that pointed out—a difference of degree, not of kind."

The author is not disposed to attach the same amount of importance as had been given by some recent writers to the *atelectasis pulmonum* described by Jörg, and has excluded it from the rank of those pulmonic lesions by which the correctness of the tests of respiration may be invalidated.

"The question (says the author) of atelectasis is speculative, and not practical; all that need be known concerning this imperfect expansion of the lungs is the fact already noticed, that it has been found to exist extensively in children who have survived their birth some weeks. Life, therefore, is not curtailed by it to such a degree as to affect the question under consideration."

These quotations, though brief, will serve to point out the clear and satisfactory manner in which the author has treated the subjects before him. A third part of the entire book is now completed, and, so far as Dr. Guy has yet proceeded in his task, he has been peculiarly successful; and if the present be an earnest of the future, we may, without hesitation, predict that the work will form one of the most useful that has yet been published; and we now take leave of the author in the full anticipation that the perusal of the forthcoming parts will afford us as much pleasure as of that now before us.

VICARIOUS MENSTRUATION.

A woman, thirty years of age, of a delicate constitution, married five years, without a family, had regularly menstruated till she was twenty-six years of age. At this epoch her periods ceased, and she believed herself pregnant. A few weeks afterwards there formed in the left hypochondrium a large tumor, which soon suppurated, ulcerated, and became converted into a wound six inches in diameter, from which regularly every three or four weeks a certain quantity of blood flowed, evidently a vicarious substitute for the suppressed menstruation.

Emmenagogues of every kind internally, leeches to the parts of generation, irritating pediluvia, and sinapisms to the thighs, were employed without success. The woman became at length pregnant; the pregnancy proceeded favorably; the hæmorrhage from the wound ceased; the sore, simply covered with lint, cicatrised at the ninth month; and then accouchement passed over very well, but the patient had not a sufficiency of milk for the nourishment of the child. Eight weeks after she had been put to bed menstruation returned in the natural way, and has since continued regularly for five years, and she has twice since been put to bed, but her three infants have died of convulsions at the age of five months.—*Dr. Schwabe, in Casper's Wochenschrift.*

RETROSPECT OF THE MEDICAL SCIENCES.

PATHOLOGICO-CHEMICAL INVESTIGATIONS.

1. *State of the Blood in consequence of a change occurring in the Process of Hæmatosis.*[*]—In the case of a patient, fifty-three years old, in whom some morbid changes of structure of a fungoid appearance were found in the small lobes of the liver, and likewise in the pyloric portion of the stomach, with atrophy of the spleen, whose lower extremities also had become swollen and œdematous, whose extremely colorless and bloodless skin, weak and oppressed pulse, indicated a deficiency in the quantity of the blood, and also a change in the composition of the blood; half an ounce of blood was drawn, at the suggestion of Dr. Schönlein, for the purpose of examination, in order to ascertain chemically the quality of its most important constituents. The blood, when fresh drawn, was of the ordinary color, but extremely thin; the coagulum was tolerably firm; the blood allowed its blood-corpuscles to sink in a very short time, and these formed at the very most about the fourth part of the volume of the entire fluid; the supernatant serum itself was very slightly colored, and was very watery; microscopical examination showed the quantity of the chyle-corpuscles to be proportionally greater than they are wont to be observed in healthy blood. The chemical examination gave the following very striking composition of this fluid:—

		Healthy Blood.
Water	880·0	791·9
Solid constituents	112·0	208·1
Fibrine	3·0	2·0
Albumen	55·1	75·6
Blood corpuscles	45·8	112·3
Extractive matters and salts	8·9	14·2

Dr. Schönlein remarked the striking deficiency in the solid constituents; in this respect the blood resembles that of chlorotic individuals, and also that of persons laboring under typhus, when the morbid process has continued at a certain height for a long time. It is, on the contrary, distinguished from chlorotic blood by the great diminution of the blood-corpuscles and of the albumen which occurs at the same time; from typhous blood it is distinguished by the considerable amount of fibrine. There is no doubt that in this case the peculiar composition of the blood is to be accounted for by the serious disease existing in the three organs, equally important for the performance of chylopoiesis and hæmatosis—viz., that of the stomach, liver, and spleen.

2. *Urine in Morbus Brightii.*—About a year and a half ago my attention was called to the peculiar sediment which separates from the albumen of the urine in certain cases of albuminuria, particularly in cases where Bright's degenerescence of the kidneys happens to be present, and which, on being examined with the microscope, seems of a peculiar kind, and entirely different from the ordinary sediments. This appears to the naked eye as a slightly mucous deposit, not, however, to be confounded with the sediment from the vesical mucus; if the urine be carefully poured off, and the sediment be brought to the object-glass under the microscope, the following various forms are observed:—

1. Mucus-corpuscles of the ordinary size, partly granulated, with grains readily recognised.
2. Portions of epithelium, from the vesical mucous membrane.
3. Blood-corpuscles.
4. Round, dark globules, apparently filled with a granular substance of a diameter between 0·00060 and 0·00090 parts of an inch. These globules bore the greatest resemblance to those designated by Gluge inflammation-globules.
5. Vesicles, or vesicle-like arrangement of an amorphous matter, like coagulated albumen. These vesicles for the most part had real coverings, and were cylindrical, but in some the covering seemed to be wanting, and it was then only perceived that an amorphous, slightly granulated matter was connected together in a cylindrical form. The cylinders were in part entirely filled, in part they were empty, and contained only a small quantity of a granular substance. The filled cylinders contained sometimes a light, sometimes a dark granular substance, in which cells and globules, like mucus-corpuscles, appeared to exist, of the real presence of which, however, I was not able always to satisfy myself with perfect certainty. The breadth of the cylinder differed somewhat, the broadest I estimated at 0·00110 parts of an inch, the smaller at 0·00060. My attention being once directed to this phenomenon, I examined the urine attentively in cases of albuminuria, where pains in the region of the kidney indicated disease of this organ; and also in several cases where a degenerescence was admitted to exist, I observed these vesicles and globules. There is no doubt that these peculiar forms had their origin in the kidneys, and they are probably the morbidly changed epithelial linings of Bellini's urinary canals. Whether they occur only in cases of Bright's disease, or in other cases also, requires to be ascertained by more extended experience; according to my observations they always appear at the same time with a certain amount of albumen in the urine, but the blood-corpuscles are not always present. In one case, where ascites and anasarca had already occurred, and the urine was secreted in only small quantity, I twice made a chemical examination of the urine: the first time the quantity of urine voided in twenty-four hours amounted to twelve ounces; it was of a dark-brown color, contained no blood, but so much albumen, that after boiling in a test-glass the latter might be inverted without the coagulated albumen running out; the urine had an acid reaction, contained in the white mucous sediment much of the above-mentioned vesicles and globules, and had a specific gravity of 1·014. After some days the quantity of the secreted urine was less, its specific gravity greater, and it still continued to have an acid reaction. In both cases the uric acid was in a tolerably normal quantity, but the quantity of urea was diminished; some days later, with the diminished quantity of albumen, yellow-colored uric acid presented itself, secreted spontanously in large

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[*] These investigations took place in the cases of patients treated in the Public Hospital in Berlin, by the celebrated Dr. Schönlein. The chemical experiments were by Dr. F. Simon.

rhombic plates. I think that the occurrence of this peculiar form in albuminous urine, in cases of Bright's renal degenerescence, is of sufficient importance to invite the attention of the physician.

3. *Urine in Pneumonia and Pleuro-pneumonia.*—In a case of pneumonia, and in another of pleuro-pneumonia, a species of urine was observed, which was remarkable at once for its extremely peculiar properties, the same in both cases, but deviating from the normal properties of urine, and also in this respect, that, as Dr. Schönlein ascertained, its appearance coincided accurately with the occurrence of resolution of the inflammation. In the first case of pneumonia the urine during the violent inflammatory stage was dark, very acid, and unaccompanied by any sediment; at the time of resolution it was pale and neutral. One morning I found the urine of this patient yellow, neutral, and with a sediment of white crystals perceptible to the naked eye; the microscope instantly showed, by the remarkably beautiful form of the crystals, that they consisted of the triple combination of magnesia, ammonia, and phosphoric acid. The peculiar character of the urinary fluid itself surprised me; it was completely neutral, and every acid, even dilute acetic acid, produced in it a white precipitate, so that the first instant I suspected the presence of a caseous matter, but soon convinced myself, however, that this was not the case, for when I allowed a part mixed with hydrochloric acid to stand for some time, a precipitate was formed of beautiful, almost colorless uric acid crystals; these were also formed when I heated a part with acetic acid, and let it stand for some time. Alcohol formed a rather considerable precipitate, which was washed on a filter with alcohol; a portion of this precipitate was abstracted by warm water, which on evaporating the water remained behind; this was almost perfectly consumed on a platinum dish; when rubbed up with caustic potash it developed ammonia; heated with nitric acid, the presence of a great quantity of uric acid was ascertained. Whatever portion of the precipitate caused by alcohol was not dissolved in warm water, was readily taken up by hydrochloric acid, and again precipitated from the acid solution by ammonia; with the microscope I recognised this precipitate occasioned by ammonia as ammonio-magnesian phosphate. From this it results that the white precipitate occasioned in the urine by any acid was uric acid, which was found dissolved in the urine in so extraordinary a manner combined with ammonia—a circumstance which, in my opinion, has not yet been noticed up to the present moment.

In the second case of pleuro-pneumonia, which occurred at a subsequent period in Dr. Schönlein's clinical wards, a species of urine was voided at the time of the resolution which corresponded in every respect with that just described, especially with respect to the remarkable property now mentioned; here, too, we had the beautiful crystalline sediment of triple phosphate of magnesia and the precipitability of the urine by any acid. Two important questions arise here, one of which may be easily answered by accurate observation—namely, whether this peculiar phenomenon in the urine is connected with the process of resolution of the inflammation in the respiratory organs? The second question is probably not so readily answered—namely, what sort of connexion this is? We may content ourselves at once with the solution of the first question, which appears of sufficient importance for the prognosis, and for which every practical physician will find an occasion at the sick bed. We may observe, that the phenomenon here remarked was observed in the urine for three or four days, and that in both cases a recovery took place.

4. *Urine in Typhus.*—In the second volume of my "Medical Chemistry," I have spoken of a peculiar character of the urine in typhus, to which my attention was first directed by Dr. Schönlein, and is important as well with respect to the development of the morbid process as for the prognosis. This regards the circumstance of the urine becoming alkaline at certain times, which alkalinity lasts for a certain time, after having had at first a strong acid reaction for some time, and the simultaneous occurrence of sediments, which, according to their nature, may bear a different signification, and whose appearance together with the reaction of the urine may be of considerable import, if correctly appreciated, with respect to the development of the disease. With respect to this matter, Schönlein remarks, that in the regular course of typhoid disease the urine is found at first to be dark, and to have a very acid reaction, whilst subsequently it becomes neutral and then alkaline; lastly, when the disease is tending to improve, the acid reaction again sets in. I had previously made observations which entirely corresponded with these; but I have, on the contrary, seen cases where the urine presented quite different properties,—it either continued permanently acid, or else became alkaline, only, however, for a short time, and soon again it assumed the acid reaction; in some cases an amendment took place, but on two occasions death followed. I afterwards followed up my inquiries regarding the urine in typhus with increased attention, and to the two cases previously observed I can now add six new ones, which further confirm the properties just mentioned. In the one case the urine was slightly alkaline on the seventh day after the patient's admission, and continued so, or with a neutral reaction, for seven or eight days, then it again became slightly acid and clear—the patient recovered. In a second more serious case the urine was acid up to the 21st day, the pulse rose to 120; then the urine commenced to become neutral, then alkaline; the nervous phenomena became more mild, the frequency of the pulse diminished; this state lasted from 10 to 11 days, during which time the urine flowed very copiously, became pale, and evinced a weak acid reaction. In two other cases the change of the acid into the alkaline reaction occurred before the 14th day of the disease, and in one of these cases the urine was so very intensely impregnated with carbonate of ammonia, and had so very stinking a smell, that it extended entirely over the sick chamber; the urine deposited a considerable pus-like or mucus-like sediment, consisting of phosphate of lime and phosphate of magnesia, and when mixed with acids effervesced violently; not till fourteen days after, and in the last case three weeks, did the urine evince an alkaline or neutral reaction, the acid reaction then gradually became established, and both patients recovered. It is deserving of notice that a secretion of urate of ammonia not infrequently precedes the occurrence of the alkaline reaction and the appearance of the earthy phosphates in the urine,

which, as Schönlein remarks, is in some measure to be considered as the precursor of this favorable change in the urine, and as the first critical effort of nature. The last time, when the process of the typhous disease appeared in a much milder form, this peculiar change of the reaction of the urine was in like manner observed several times, so that after the alkaline reaction has preceded and continued for some time, the recurrence of the acid reaction, combined with the clear appearance of the urine and a more copious secretion of the fluid, may be looked on as a favorable sign for the successful solution of the disease, whilst on the contrary, I remember some cases since the year 1840 where the urine came to have a neutral or alkaline reaction, but passed soon again into the acid reaction, in order to become alkaline again at a subsequent period, but in like manner only for a very short time: in one of these cases the disease was extremely tedious, and terminated fatally.—*Beiträge Zur Physiologischen und Pathologischen, Chemie und Mikroskopie, von Dr. Franz Simon, Berlin,* 1843.

POOR-LAW QUALIFICATION OF MEDICAL OFFICERS.

Surgeons' Hall, Edinburgh,
August 30, 1843.

The Royal College of Surgeons of Edinburgh are desirous to make it publicly known that they lately represented to the Secretary of State for the Home Department the injury occasioned to their fellows and licentiates by the general medical order of the English poor-law commissioners, with respect to the appointment of medical officers to the unions, parishes, &c., under 4 and 5 William IV, cap. 76, by which order all persons are excluded from these offices who have obtained their medical qualifications in Scotland or Ireland. In consequence of this representation, the commissioners were directed by the Home Secretary to lay a case before her Majesty's Attorney-general, for the purpose of ascertaining the state of the law under which they considered themselves bound to direct such exclusion. The Attorney-general has stated it to be his opinion, which is coincided in by Mr. Martin, another counsel consulted, "that, as far as the question of *surgery* is concerned, those persons who have a *surgical* diploma or degree from a royal college or university in Scotland or Ireland, are (in point of law) as competent to be appointed, and to act as medical officers under the statute referred to, as the persons who have the diploma of the Royal College of Surgeons in London."

In consequence of this opinion, the commissioners have intimated their intention to admit those persons who hold a Scotch or Irish diploma or degree in surgery "to the same rights under the Poor-law Amendment Act as members of the Royal College of Surgeons of London," and "their readiness to make such modifications in their general medical order of the 12th of March, 1842, as may be necessary for giving effect to the above-recited opinion of the Attorney-general."

By order of the Royal College,

JOHN SCOTT, Secretary.

METEOROLOGICAL JOURNAL,

KEPT AT SIDMOUTH.

By W. H. CULLEN, M.D.

August, 1843.

Mean of External Thermometer at 9, a.m.	62·61
" " " at 9, p.m.	57·35
Maxima	72·55
Minima	51·99
Mean daily Range	17·41
Extreme Highest on the 20th	80·
" Lowest on the 16th and 27th	44·
" Range	36·
Mean Dew Point at 9, a.m.	57·96
" " at 9, p.m.	50·50
Mean of Barometer at 9, a.m.	29·660
" " at 9, p.m.	30·017
Extreme Highest on the 12th	30·304
" Lowest on the 23rd	29·441
" Range	·863
Number of Days Fine	17
" " on which any Rain fell	14
" " Variable	6
Quantity of Rain in Inches	3·58

PREVAILING WINDS.

N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
2	2	—	10	7	5	1	4

REMARKS.

On the 8th three claps of thunder, with lightning, were heard faintly. The 18th and 19th were sultry and oppressive; low thunder, with lightning, was heard all night.

WESTERN DISPENSARY.

Dr. Frederic Bird has been elected to the office of consulting-accoucheur to the above-named institution.

OBITUARY.

Died, at Montpelier, France, on the 14th ultimo, Dr. James Saunders.

LITERARY INTELLIGENCE.

Mr. Walker, of Manchester, is about to publish a work on diseases of the eye, entitled "The Oculists' Vade-Mecum," which will form a suitable companion to those of the same kind already published on many other branches of surgery.

BOOKS RECEIVED.

London and Edinburgh Monthly Journal of Medical Sciences, for September (in exchange).

Some Account of the Epidemic of Scarlatina which prevailed in Dublin from 1834 to 1842, with Observations. By H. Kennedy, M.B. Dublin. Fcap. 8vo, pp. 212.

A Lecture on Quack Medicines, delivered at the Wakefield Mechanics' Institution, February 20, 1843, by T. G. Wright, M.D. London and Wakefield, 1843. pp. 44.

TO CORRESPONDENTS.

Medicus.—We think our correspondent did not see the exact import of our remarks. The College of Physicians certainly has the right of giving a *license to practise* to whomsoever it pleases; but we contend that it certainly has not the right of conferring the title of Doctor of Medicine. *Medicus* will, no doubt, readily admit that there is some difference between these two things. The title of M.D. is an *academical distinction*, conferred by some university on those who have pursued a certain course of study, and passed certain examinations, within its walls. But the possession of this title confers no right to practise as a physician; in fact, as *Medicus* expresses it, "no person whatever (be he a graduate in medicine of any university, however famous) possesses a legal right to practise as a physician in England," with the exception only of graduates of Oxford and Cambridge; all others must be licensed by the London College of Physicians before they can practise in any part of England; and even the Oxford and Cambridge doctors must procure that license if they wish to practise in London, or within seven miles thereof. Since, then, according to the customs heretofore existing, a physician was a man possessing the academical *title* of M.D., and a *license* to practise also, and since the College of Physicians, although they can confer the latter, certainly have no power to grant the former, we think our correspondent will admit that our original assertion was correct. We speak, of course, of the law as it exists, but without contending that it is well adapted to the present state of society. We may add, that a precisely similar distinction between the possession of a title and the right to exercise it exists in the church as in medicine. The Church of England recognises the orders of the churches of Rome, Greece, America, and Syria; but yet the clergy ordained in those churches cannot exercise their vocation here without a license from the bishop.

Discipulus.—We have received a long letter from some enthusiastic boy, smarting under the grievances, real and imaginary, which he endures during the term of his apprenticeship. He complains of the neglect of masters who leave their pupils to acquire their professional knowledge as they best may, without taking the trouble to direct them in their course of reading, or to explain to them the nature of the cases which they witness, and the principles on which they are treated. But, more especially, he complains of the petty indignities often inflicted on medical pupils by the mistress of the establishment. We well know how difficult it must be for a youth of spirit to endure the domestic tyranny of a woman who has neither liberality of conduct nor lady-like feeling, and how heavily responsible those persons are for the future misconduct of young men, who give them the strongest inducement to seek the pleasures of debauchery abroad, by denying them the comforts and happiness to which they are entitled at home. Yet we would counsel our youthful correspondent to submit with a good grace, to do his duty, and to revenge himself by showing a better example.

C. R.—The account is, we think, moderate, and such as any jury would allow; except, perhaps, that the charges for attendance on servants ought not quite to equal those for their superiors.

Immediate attention shall be given to the communication from *Manchester*.

Communications have been received from *Mr. Newnham*, Farnham; *Dr. Oke*, Southampton; *Dr. Starr*, Kettering; *Dr. Favell*, Sheffield, &c. We shall endeavour to make room for the greater part of them next week.

A.—The suggestion relative to the fellowship is hardly worth attending to.

⁂ Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

Gentlemen desirous of having the "Provincial Medical Journal," forwarded to them by post, may send a post-office order to the Publisher, 356, *Strand, London.*

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ERRATA.

In last Number, page 461, col. 1, line 22, for "Maitre Jan," read *Maitre Jean;* line 39, for "Walthen," read *Walther*.

THE FRIENDS' RETREAT, YORK.—In consequence of recent alterations in this Establishment, there are at present several vacancies for Patients of the higher class, without limitation to the Society of Friends, at from Two to Five Guineas a Week.

Applications may be addressed to the Superintendent of the Retreat, York.

DR. MARTIN H. LYNCH'S NEW VAPOR BATH.

C. J. MORRIS, IRONMONGER and MANUFACTURER of WARM VAPOR and SHOWER BATHS, begs leave respectfully to inform Gentlemen of the Medical Profession, and especially the Members of the Provincial Medical and Surgical Association, that he is now prepared to forward the above useful and simple Apparatus in Copper and Tin, including Dr. Lynch's recently invented *Diffuser*, by which the foot-bath is dispensed with, the entire supply of vapor being conveyed through the Diffuser, which forms a footstool, and by means of which the great desideratum in such baths is completely achieved—namely, the production of perspiration in the feet as profuse as in the neck and chest.

PRICES FOR CASH:	£	*s.*	*d.*
Strong Tin Boiler and Pipes, with Stand and Lamp, Diffuser, and Packing-case . .	0	17	0
Copper Boiler and Pipes, with Stand and Lamp, Diffuser, and Box, with Lock, &c.	1	10	0
Fine Canvas Cloak	1	0	0
Portable Stool, with Eight Shifting Legs and Hoop, Brass Fastenings, and Thumb Screws, &c.	0	18	6

C. J. MORRIS, 32, Parliament-street.

KING'S COLLEGE, LONDON.—MEDICAL DEPARTMENT, 1843-44.—The WINTER SESSION will commence on Monday, the 2nd of October next, at Two o'Clock, p.m., with an Introductory Lecture, by Professor Partridge.

Descriptive and Surgical Anatomy—Richard Partridge, F.R.S.

Physiology, General and Morbid Anatomy—R. B. Todd, M.D., F.R.S.

Practical Anatomy is Taught in the Dissecting-rooms, by Mr. J. Simon and Mr. W. Bowman, F.R.S.

Chemistry—J. F. Daniell, F.R.S., and W. A. Miller, M.B.

Materia Medica and Therapeutics—J. F. Royle, M.D., F.R.S.

Medicine—George Budd, M.D., F.R.S.

Surgery—William Fergusson, F.R.S.

Midwifery, and Diseases of Women and Children—Robert Ferguson, M.D., and Arthur Farre, M.D., F.R.S.

Comparative Anatomy—T. Rymer Jones, F.Z.S.

SUMMER COURSES.

Botany—Edward Forbes, F.L.S.

Forensic Medicine—W. A. Guy, M.B.

Chemical Manipulation is Taught in the Laboratory, by Dr. W. A. Miller.

KING'S COLLEGE HOSPITAL.

The Hospital is visited daily at Half-past One o'Clock.

Clinical Lectures are given every week by the Physicians, Dr. Budd and Dr. Todd; and by the Surgeons, Mr. Fergusson and Mr. Partridge. The Physicians' Assistant and Clinical Clerks, the House Surgeon, and Dressers, are selected by examination from the Students of the Hospital.

Residence of Students.—A limited number of Students may be accommodated with rooms in the College, and some of the Professors receive students into their houses.

Any further information may be obtained upon application to the Dean of the Medical Department, or to the Secretary, at the College.

August, 1843. J. LONSDALE, Principal.

PHARMACEUTICAL SOCIETY of GREAT BRITAIN, Incorporated by Royal Charter, A.D. 1843.—The Council beg to announce the arrangements made for the AUTUMN and WINTER COURSES of LECTURES, to be delivered at No. 17, Bloomsbury-square, during the months of October, November, December, January, February, and March, at Half-past Eight o'Clock in the Morning.

The Course on Materia Medica will be given by Jonathan Pereira, M.D., F.R.S., on Tuesday and Saturday in each week.

The Course on Chemistry, by George Fownes, Ph. D., on Wednesday and Friday in each week.

The Course on Pharmacy, by Mr. Theophilus Redwood, on Thursday in each week.

Terms—One Guinea each to the Courses on Materia Medica and Chemistry, and Half a Guinea to the Course on Pharmacy, to Members, Associates, and Apprentices of the Society; and Two Guineas and One Guinea to persons not connected with the Society.

Cards of Admission, with a Prospectus, may be obtained from the Secretary, Mr. G. W. Smith, at the Society's House, 17, Bloomsbury-square, after the 7th of September.

The Introductory Lecture to the Session will be delivered by Dr. Pereira, on Wednesday, September 27, at Nine o'Clock in the Evening, to which Members, Associates, and Visitors, will be admitted as usual.

ST. THOMAS'S HOSPITAL.—The AUTUMNAL MEDICAL SESSION will commence on Monday, the 2nd of October, 1843.

Introductory Lecture—Mr. Grainger, at Two o'Clock.

Medicine—Dr. Marshall Hall and Dr. Barker.

„ the Exanthemata—Dr. George Gregory.

Surgery—Mr. Green and Mr. B. Travers.

Anatomy, General, and Physiology—Mr. Grainger.

„ Descriptive and Surgical—Mr. F. Le Gros Clark.

Chemistry—Dr. Leeson.

Materia Medica—Dr. Risdon Bennett and Dr. Wilks.

Midwifery, and the Diseases of Women and Children—Dr. Cape.

Diseases and Operations of the Teeth—Mr. E. Saunders.

Clinical Lectures, by the Physicians and Surgeons.

The SUMMER SESSION will commence in May.

Pathological Anatomy—Dr. Marshall Hall and Dr. Barker.

Ophthalmic Surgery—Mr. Mackmurdo.

Practical Chemistry, under the direction of Dr. Leeson.

Midwifery—Dr. Cape.

Forensic Medicine—Dr. Leeson and Dr. Risdon Bennett.

Botany—R. D. Hoblyn, A.M., Oxon.

Comparative Anatomy and Natural History—Dr. W. B. Carpenter, of Bristol.

Prospectuses, for further particulars of the Lectures and Hospital Practice, may be had by applying to Mr. Whitfield, resident Medical Secretary.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL SCHOOL.—WINTER SESSION, 1843, commencing October 2.

LECTURES.

Medicine—G. Burrows, M.D.

Surgery—William Lawrence, F.R.S.

Descriptive and Surgical Anatomy—F. C. Skey, F.R.S.

General and Morbid Anatomy, and Physiology—Mr. Paget.

Superintendence of Dissections—Mr. McWhinnie and Mr. Ormerod.

Chemistry—Mr. Griffiths.

Materia Medica and Therapeutics—G. L. Roupell, M.D., F.R.S.

Midwifery, and Diseases of Women and Children—E. Rigby, M.D.

SUMMER SESSION, 1844, commencing May 1.

Botany—F. J. Farre, M.D., F.L.S.

Forensic Medicine—W. Baly, M.D.

Practical Chemistry and Natural Philosophy—Mr. Griffiths.

Comparative Anatomy—Mr. Mc Whinnie.

Midwifery, &c.—E. Rigby, M.D.

Clinical Lectures—On Medicine, by Dr. Roupell and Dr. G. Burrows; on Surgery, by Mr. Lawrence and Mr. Stanley.

Collegiate Establishment.—The Governors of the Hospital having resolved to establish the Collegiate System in connection with the Medical School, several houses within the Hospital walls have been lately fitted up for the Residence of a certain number of Students; and, under the direction of the Treasurer and a Committee of the Governors, every arrangement has been made which appears likely to promote the interests and comfort of the Students. The superintendence of the Establishment has been entrusted to Mr. Paget, the Resident Warden.

Further particulars, in regard to every department of the School, may be obtained from any of the Medical or Surgical Officers, or Lecturers, or on application at the Anatomical Museum, or the Library.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 155.] LONDON, SATURDAY, SEPT. 16, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

CONTRIBUTIONS TOWARDS THE PATHOLOGY OF GRINDERS' DISEASE OF THE LUNGS.

By J. S. **Waterhouse**, Esq., Surgeon, Sheffield.

No. I.

Diseases of a purely endemic character, or such as affect only a certain class of men, have generally failed to receive that attention and study which must be admitted to be their due, when it is considered that their characteristics are generally of a more prominent order, and that they more especially exemplify in their history the influence of mechanical agents on vitality. There is much to be learned from what is rare and peculiar. We often, in such cases, meet with circumstances whose existence all previous experience would not lead us even to surmise, which throw a light on what has before been mysterious, and present a link towards the completion of a deficient chain of evidence. Medical science does not yet teem with such a mass of facts—it is not yet so profuse in its wealth—but that all that we meet with should be carefully observed and faithfully recorded. Its philosophy, if such a term can be used, is anything but inductive; its evidence anything but positive. We can see the end, but not "from the beginning." We can trace no such relation between cause and effect as in other sciences. If we do find out a cause, its operation is clouded and mysterious; if we observe the effect, we often look in vain for the cause.

One reason of the neglect of local diseases will be found in the fact, that in any given number of men there are only a certain quantity who pay such attention to disease as is requisite for its proper study; and even among these few, there are still fewer who feel themselves called upon to make their neighbours as wise as themselves; so that by this means the chance of a disease of an endemic character being fully understood is far less than when a disease obtains universally.

Of the various diseases which affect the artizans of this country, there is none that present such prominent features of interest as the disease of the lungs peculiar to grinders—and this, whether we regard the very marked character of the pathological results, or the baneful influence it has on human life. There are two kinds of grinding, wet and dry; the former is a comparatively innocuous employment; it is the latter which entails on the workmen such an amount of misery and disease. The injurious effects arise from the inhalation of small particles of stone and metal, which are given off during the act of grinding; and of the dust of crocus and emery, used in polishing the articles. The latter is regarded by the workmen as the most distressing. It will not be the object of this and succeeding papers so much to treat of the circumstances attending this peculiar branch of trade, or to regard the subject in a hygienic point of view, as to enter on the yet untrodden field of the pathology of the disease. The following details of the destructive influences of this occupation will, however, be not an inapt prelude:—

In an article on "Grinders' Asthma," by Dr. (now Sir Arnold J.) Knight, in the "North of England Medical and Surgical Journal" for August, 1830, it is stated that fork-grinders "die from twenty-eight to thirty-two years of age; razor-grinders, from forty to forty-five; and tableknife-grinders, who work on wet stones, from forty to fifty." Also, "that the result of some inquiries made in 1822 showed that, out of 2,500 grinders, there were not 35 who had arrived at the age of fifty, and perhaps not 60 who had reached the age of forty-five; and out of more than 80 fork-grinders, exclusive of boys, it was reported that there was not a single individual thirty-six years old."

Dr. G. C. Holland, in a recent valuable work,* observes that, "in 1,000 deaths of persons above twenty years of age, the proportion between twenty and twenty-nine years in England and Wales is annually 160; in Sheffield, 184; but among the fork-grinders the proportion is the appalling number 475; so that, between these two periods, 3 in the trade die to 1 in the kingdom generally. Between the ages of thirty and thirty-nine a still greater disparity presents itself. In the kingdom, 136 only in the 1,000 die annually between these two periods; in Sheffield, 164, but in the fork-grinding branch 410; so that, between twenty and forty years of age, in this trade, 885 perish out of the 1,000; while in the kingdom at large, only 296. Another step in the analysis, and we perceive that, between forty and forty-nine, in the kingdom, 126 die; in this town, 155; and in this branch, 115; which completes the 1,000. They are killed off."

The last sentence is as graphic as it is true. Such is, indeed, a vivid outline, the filling up of which would be a dark portraiture. The "wheels," as they are termed, where the process is carried on, externally present no faint type of the disease and decay within; indeed, their grim and sombre aspect, with shattered windows, would call to the mind of the classic reader the soliloquy of Lydus before the door of Bacchis.

> ——— aperite propere januam hanc Orci, obsecro!
> —————————— quippe cui nemo advenit
> Nisi quem spes reliquere omnes.*

All that ingenuity could do for the amelioration of these evils has been done. The inhalation of the dust, both metallic and stony, has been in some measure prevented by various contrivances. However, the benefit that might accrue from the use of these instruments is lost, from the want of generosity of the masters on the one hand, and the extreme carelessness of the workmen on the other. In many cases the masters will not be at the expense of these apparatus, and where, from their kindness, such is furnished, the use of it is often neglected. The men seem utterly reckless; they live in the midst of disease and death; one by one of their companions is cut down, but they each seem to think that, in the enjoyment of present health, they will be an exception to the rule, and escape the virulence of the disease.

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* Vital Statistics of Sheffield, p. 198. † Plautus, Bacchides.

Such being the character of the disease, and the local interest which one would suppose it should excite, it is somewhat remarkable that its nature has never been properly studied. Many details and collateral circumstances connected with the disease have at different times been laid before the public, but until the last few months no account has been given of its pathology. On turning to the article "Diseases of Artizans," in the "Cyclopædia of Practical Medicine," which *was to have been* a national work, the subject is mentioned in a very desultory manner; and it is not even alluded to in the "Report of the Sanitary Condition of the Laboring Population of Great Britain." The blame, of course, rests with the profession in this town. It behoves us to mention a paper on the "Pathology of Grinders' Phthisis," in Dr. Cormack's "Edinburgh Monthly Journal" for June, 1843, by Dr. Holland. This gentleman has paid great attention to the disease, has collated much evidence as to the condition of grinders in general, and by his kindness and professional skill has earned for himself the lasting gratitude of this class of artizans. There are, however, in the case which is about to be adduced several features of the disease which are not mentioned by him, and, indeed, we may gather from the general tone of his remarks that his post-mortem examinations have not been very extended. The following case may be regarded as presenting in a very marked manner the pathological nature of the disease; the patient only coming under our care about two months before his death, the history of his case does not exemplify the general symptoms of the disease. They are, however, such as are generally observed in chronic bronchitis, extending to dilatation of the air tubes and emphysema of the air cells. Several years before the men are obliged to cease from work, they are frequently attacked with dypsnœa and cough, with expectoration of black sputa. One man, at present under treatment, states that he has not been well for seven years past, and yet has continued at his work. In another case the patient did not enjoy good health for six years. There are frequent attacks of laryngitis of a chronic nature, and more or less severe in character, attended with considerable hoarseness; pains in the side, indicating chronic pleuritis, are also experienced, but seldom attended to. Indeed, there is no doubt that in a seeming state of health, and while at work, these men undergo much pain and inconvenience.

Thomas Stacey, aged fifty six, a razor-grinder by trade, of temperate habits; short spare man, though now emaciated by disease, always a spare man, light hair, without tendency to grey, and grey eyes. Been a grinder for forty years; began at thirteen years of age, but been on the parish for three years. Always had good health until Midsummer, 1842, when he had a bad cough, and spitting, with great difficulty in breathing, and pain at the chest. Was very ill for several weeks, and ever since has had a cough. Was attacked with same symptoms again at Christmas, and has become worse and worse since that time. When he was at his work used to spit up a deal of black sputa, and had sometimes flying pains in the side.

June 27. Body much emaciated; complains of being very weak, can scarcely get up stairs; no pain either in the chest or elsewhere; great dyspnœa, and oppression in breathing; slight hoarseness, but no pain or uneasiness in the larynx; very bad cough, worst during the night, not attended with expectoration; pulse 96, and full; appetite bad; bowels regular; no sweats.

Physical Signs.—The chest well expanded; the left side rather flatter than the right; no motion of the ribs on full inspiration; the whole chest seemed moved together. *Percussion:* clear over the whole chest, both anterior and posterior, with the exception of over the clavicles; more sonorous than natural in the anterior part; the sound was clear over the region of the heart. *Auscultation:* the sound on respiration clear and distinct over the whole of the right side. Bronchial in the two upper thirds of the lung, somewhat vesicular, but indistinct at the inferior third. At the external superior angle a dry crepitant râle. Posteriorly bronchial respiration at the upper part, more natural at the lower; left side presented the same signs.

Heart.—No impulse; sounds very indistinct, heard in the immediate region of the heart, and towards the right side, but not at the upper part of the left side; no morbid sound.

The treatment pursued was simply palliative, with nourishing diet. He daily grew weaker until the 17th of August, when he died.

After-death Appearances.

The body was examined eight hours after death. It was much emaciated. The chest was large and expanded, seemed inordinately large for the size of the man; the left side flatter than the right; on opening it there was a rush of foul air. The lungs slightly collapsed. Right lung: the color of the external surface was violet, interspersed with black spots of different sizes, presenting a mottled appearance; on passing the hand over the surface, there was perceived over the whole body of the lung numerous hard substances, circumscribed, and varying from the size of a pea to that of a hazel-nut. The pleuræ were adherent at the lateral region of the middle lobe, but especially at the apex of the lung, where they could not be separated without leaving a portion of the lung adherent to the ribs. The costal pleura was marked by many dark patches, apparently corresponding with those on the lung. The apex of the lung was converted into a hard substance of the size of a large orange. On dividing the lung, numerous black, hard bodies were found scattered throughout its structure, varying in size from a pin's head to a walnut, but the largest was at the apex, which was entirely composed of one dense mass of black firm substance, exactly resembling Indian-rubber. It was homogeneous, except at the surface; caused the same sensation on cutting it as does Indian-rubber, and each movement of the knife left horizontal parallel lines. At the surface it was greyish and calcareous, and contained one mass of white firm substance, resembling a piece of carious bone, only that the small prominences were rounded instead of being spiculated.

It was about the size of a small hazel-nut. At the extreme apex of the lung was an encysted tumor, the size of a marble, filled with a clear liquid. The other and smaller tumors in the lung, which at the surface corresponded with the black marks before mentioned, were of different degrees of consistence, varying from that of Indian-rubber to a hard, gritty substance; such as were softer were quite black, those that were hard were interspersed with grey particles. The generality of these deposits were round or oval, and circumscribed, while others were indefinite in shape and disposition; these latter invariably were of a greyish color. In the centre of the lung, or below the large hard mass, was an irregular cavity, somewhat of a triangular shape, capable of holding three or four ounces of fluid. It contained half an ounce of a thick chocolate colored fluid, which seemed to be the debris of the lung. Several large bronchial tubes opened into this cavity, but these were stopped up, and had no communication with the great divisions of the bronchus. The interior of the cavity presented a very irregular appearance, and was not lined by a membrane. The texture of the lung around it was very firm.

The lung where it was not thus diseased was emphysematous, especially at the margin. The left lung presented the same appearance, both externally and internally, as the right, with the exception that there was no cavity. The apex was converted into a similar hard mass, and quite as large as the one on the right lung. The pleuræ at this part were also inseparable.

Mucous membrane of the trachea was thickened, and that of the bronchial tubes very red. The tubes were much dilated. At the bifurcation of the trachea the bronchial glands were enlarged; one was as large as a walnut, and several as large as a horse-bean. They were converted into a black, calcareous mass, divided by fibrinous intersections. Two or three of the smaller ones were composed of a firm metallic-like shell, the inner part of which was like a black paste, and might be scooped out.

The heart was small and flaccid. The valves were not thickened. The abdominal viscera quite natural.

REMARKS.

The first thing that strikes the attention in the consideration of this case is the age of the patient. He was fifty six, the oldest razor-grinder in the trade. This branch of the trade is not so destructive as fork grinding, or needle grinding, which will partly explain the advanced age of the patient. In the history of the case it is stated that he never ailed anything until twelve months ago, and this was corroborated by the testimony of his friends after his death. Then how are we to explain this vast mass of disease? It could not have arisen and spread itself to such an extent in so short a time; moreover, he had not been exposed to the injurious influences of his trade, having been on the parish for three years. We have here an instance of the power of vital tissue to withstand, or rather accommodate itself to, the existence of extraneous mechanical agents. There is little doubt but that this diseased structure had been in process of formation for years, causing some trifling disturbance in the respiratory function, but not so extensive as to excite the attention of the patient; the system being in the meantime sustained by good diet. But so soon as he was reduced to want, then diseased action, before dormant, is called into active exertion, the system sympathises with the morbid structure, and the result is more or less speedily fatal. The deposits in the lungs and bronchial glands may be divided into four classes —the white calcareous piece; the grey structure, seemingly a mixture of calcareous and metallic particles; the glands, composed of a metallic shell with a pulverised interior; and the Indian-rubber production. Some portions of these products are at present in the hands of a very able chemist, and we hope, in a future communication, to be able to state their composition. We are not aware that this Indian-rubber appearance has been before mentioned, or indeed anything that would correspond to it.

Mr. Porter, one of the surgeons to the Sheffield Public Dispensary, who was present at the above examination, informs me that he observed the same structure in a case which came under his own observation; but it is not alluded to either in the report which he gives of the case in a former number of the Provincial Journal, nor in a report of the same case by Dr. Holland in the "Edin. Monthly Jour." Of course it may have existed and not have been especially remarked. It seems, in all probability, to be a fibrinous structure with the small particles of emery dust intermingled. On the day after the examination it had become softer and rather of a purple hue; it also had the appearance of a fine powder mixed with a firm glutinous substance. Below this deposit was found the large cavity, which in its aspect, with the exception of color, had the closest analogy to an ulcerated tubercular cavity. It will be an interesting study to observe, and, if possible, determine, the relative stages of these formations. From what we know of tubercular phthisis, we should be apt to regard the cavity as the ulcerative stage of the black mass. Another circumstance to be noticed is the fact of the greater part of the disease being at the apex of the lung. This, although it does not go to show any identity between phthisis and grinders' disease, yet is interesting as showing that in the deposit of morbific matter there is the same principle at work—some peculiar local cause in operation. Dr. Carswell entertains the opinion, that the reason of the greater extent of tuberculous deposit at the apex of the lung in phthisis is owing to the inferior degree of motion of the upper lobes as compared with the lower, and thus the chance of tuberculous matter being expelled is diminished. If the tuberculous matter was deposited loose in the air cells, we could understand the modus operandi of this cause, but not otherwise. This hypothesis, with regard to tuberculous deposit, will have a juster application in this case. It is evident that the dust which is inhaled will be expelled more easily from those parts where the motion is of a more extensive nature than where that motion is limited. From a consideration of the nature of this disease—viz, a large portion of the lung filled with extraneous matter, we should, *a priori*, expect to find dilated air tubes and emphysema of the air cells. Dr. Holland lays great stress on this as one of the most decided of the pathological results. But it cannot be viewed as in the least degree pathognomonic. It may happen in any disease of the lungs, where any part is prevented by deposition or other cause from expanding on the ingress of air. His mode of explaining this morbid state is, in our humble opinion, if not erroneous, at least very defective. He ascribes it solely to the cough, and observes, "The violent and full expirations occasioned by coughing are, of course, immediately followed by inspirations correspondingly ample, by which the air is introduced in large quantities into the lungs. When ten times the amount of air, not only in individual acts, but in a given time, enters the lungs, these organs are expanded in a correspondingly increased proportion. The air tubes and cells are under the necessity of doing ten times the amount of functional duty; and it is a law of the animal system, that the development or enlargement of an organic apparatus is according to the exercise of it. We know of no exception, nor can we imagine one." This is certainly a law of universal operation, but it must have a sound and proper application. It is one thing for organic STRUCTURE to develop from increased action, but an increment of space is another thing. This law refers *only* to structure, and in its operation only to the development of structure. It is true that the bronchial tube does dilate from increased action, but not from increased action of the tube; indeed, the air tube becomes more than usually a passive agent. The air tubes are dilated from the increased quantity of air that is brought into the lungs, also into particular parts of the lungs. But before even this can operate, other conditions are required. There are two classes of tissues in the structure of the air tubes—the muscular and non-muscular. It is the inflammation of these that is the primary cause of the dilatation. In the case of the non-muscular, from continued irritation, there is a loss of elasticity, and the tube is exposed to the distending influence of the air; and in the instance of the muscular there is a loss of tonicity of the part, followed by innervation and paralysis similar to that of the intestine in ileus. We thus can account for the difficulty of expectoration, the contractile power being gone, also the dyspnœa—one very important adjunct in expiration being lost.

What, then, is this disease?—is it phthisis? Dr. Holland treats of the disease under the name of phthisis; but the cases he enumerates, and the pathological results which he details, lead to no such conclusion. If we are to understand by phthisis the literal meaning of the word—wasting away or decay—the term may not be objected to; but if we are to understand by that term tubercular disease, the question may be answered in a decided negative. No doubt grinders' disease may be conjoined with phthisis, and in a strumous habit the irritation in the bronchial membrane from the dust will easily call into play the morbid principles of that peculiar diathesis. In a case which terminated fatally the other day (August 21), and which we had hoped to have introduced on the present occasion, but that an examination was denied, there was every symptom of tubercular disease, but there was a prominently strumous habit. In another case, chronic laryngitis with tubercular disease was present, and where the patient had worked forty years as a penblade-grinder—one of the worst branches of the trade. But such cases are the exception rather than the rule.

The consistence of many of the morbid deposits resembles that of tubercle, but the proof that it is not tubercle will be found in the absence of all such constitutional symptoms as are observed in the history of phthisis. There is a gradual decay of the system, but no irritability, no fever, or sweats, or any symptom indicating extensive sympathetic action. Where there is strumous diathesis, we have observed that the disease has commenced earlier in life, and been more rapid in its progress. Indeed, it is natural to suppose that the disease will take its aspect from the nature of the constitution; and that on such will depend, as in the case of the operation of other external agents in causing disease of the lungs, whether tubercle or disease of the air tubes is to be the exponent of morbific action.

Another and very interesting question that presents itself, with regard to these morbid deposits, is as to the mode of their formation. Are they simply inhaled, and there remain, or are they deposited from the blood? The late Mr. Thackrah, in his observations on a statement made by Diemerbroeck, that he found heaps of sand in the lungs of masons after death, inclines to the supposition that they were calcareous deposits, and were not inhaled. But tracing, as we can, by a decided connection, the daily inhalation of a foreign body into the lungs during life, and the existence of a similar body after death, surely it is more easy to suppose that the substance found after death is the same that was introduced during life, especially when the contrary supposition is attended with so many difficulties. The same view will apply to the question under consideration. In the daily occupation of grinders, there is the expectoration of black, gritty sputa, composed of the metallic and other particles inhaled. If the whole is not expelled, it must either remain in the state in which it entered, or must be dissolved and absorbed into the blood. The latter we cannot conceive. Nevertheless, it must be allowed that we are placed in a dilemma with regard to the bronchial glands. The gritty particles could not enter them by inhalation, and must have been deposited. The subject is evidently beset with some difficulties, and will require further study and opportunities of investigation.

We may state, in conclusion, that we have at present ten or twelve cases of this interesting disease under treatment; and although there is much difficulty in obtaining post-mortem examinations, we hope to be able to lay several of the cases at a future time before the readers of this Journal.

CASES OF DIABETES.

By CHARLES F. FAVELL, M.D.,

Physician to the Sheffield General Infirmary, &c.

(Continued from page 479.)

CASE II.—William Parke, aged fifteen, was admitted into the infirmary December 5th, 1842. He has been employed, for the last three or four years, as a farmer's servant; has worked a good deal in the fields, and consequently been exposed to the inclemencies of the weather. Until about four months ago he always enjoyed good health, and was able to get through his daily work with ease and comfort. His health then began to fail, but he is unable to give any accurate account of the commencement of his illness. His appetite for liquids and solids became very great, and he was sent into the infirmary because his parents were unable to satisfy his craving for food. Both his parents are living, and in good health. At present there is considerable emaciation, which has been gradually increasing since the commencement of his complaints. His size is below the average of youths of his age. Countenance not expressive of suffering, slightly florid, dull, and unintellectual; hair thin, poor, and very light colored; scalp tender, and in one or two places slightly abraded; complains of great weakness and languor; skin dry, never perspires; pulse 80, of tolerable strength; bowels regular; no pain either in stomach, bowels, or back, but has sometimes a sense of oppression at the stomach after eating; tongue red and dry; thirst very great; appetite voracious; passes twenty pints of urine in twenty-four hours, of a pale straw color, and very sweet taste, specific gravity 1·040; slight cough, unaccompanied by pain or expectoration; lies with equal facility on either side; on percussion, slight dulness is perceived along and immediately below the right clavicle; inspiration in the same situation feeble, but no abnormal loudness on expiration.

He was put on a meat diet, and was not allowed any vegetables, bread, or pudding; dry biscuit was to be taken with the meat. The following medicine also prescribed:—

Tincture of opium, one drachm;
Tincture of sesquichloride of iron, three drachms;
Sulphate of quinine, eight grains;
Water, eight ounces. To take an ounce three times a-day, and four grains of mercury with chalk.

After continuing this treatment for six days, the quantity of urine was increased to twenty-two pints in twenty-four hours, but the specific gravity had slightly diminished. The following alterations were then made in the treatment:—He was to have meat as before, but no biscuit; to drink weak brandy and water; to have brocoli with his meat twice a-day, and an egg night and morning; to omit the medicine previously prescribed, and take the following:—

Infusion of Calumba, eight ounces;
Sesquicarbonate of ammonia, two scruples. An ounce three times a-day, and use a warm bath every night.

It was on the 12th of December when this plan was adopted, and on the 14th the quantity of urine had diminished to twelve pints. On the following day the quantity of urine passed was nine pints and a half. The thirst was greatly diminished; he drank five pints in twenty-four hours, and perspired freely during the night; specific gravity of urine 1·035. From the 15th to the 23rd the quantity of urine varied from nine pints to fourteen, the average being about twelve pints. On the 23rd it amounted to thirteen pints, specific gravity 1·040; quantity of solid extract in a pint, two drachms; quantity of fluid drunk in twenty-four hours, six pints. A scruple of carbonate of ammonia and a drachm of tincture of opium were added to the mixture. On the 31st the quantity of urine passed was ten pints and a half; specific gravity 1·040; a pint yielded three drachms of solid extract. During the intervening period there had once been only seven pints passed, and on one day it amounted to fifteen pints and a half. On the 1st of January he passed nine pints of urine; on the 3rd, ten pints. He then complained of considerable pain at the stomach, which was increased by pressure; no sickness; thirst rather diminished. He was ordered to omit the brandy, to take two minims of hydrocyanic acid in water three times a-day, and to have a dozen leeches applied to the epigastrium. By these means the pain was speedily relieved, and he went on without much variation till the 10th, when he had an attack of fever, with a pulse at 120; but, although there was considerable febrile excitement, the thirst was not increased; the quantity of urine was eight pints. The prussic acid was omitted, and a saline aperient mixture ordered. The feverish attack did not last long, and on the 19th he again returned to the infusion of Calumba. He was then passing ten pints of urine, specific gravity 1·038; and the appetite for solid food was decidedly diminished. From the 19th to the 28th the urine ranged from ten to eleven pints, and he was then ordered to take one ounce of the compound iron mixture three times a-day. On the 31st he begun to take three grains of antimonial powder, with ten grains of Dover's powder, every night. On the 7th of February the quantity of urine had again risen to twelve pints, and the thirst was so much increased that he drank eight pints of water in the twenty-four hours. He was ordered to omit all the other remedies, and to take eight minims of the hydrosulphuret of ammonia three times a-day. From this period the quantity of urine gradually diminished, until it vibrated between five pints and five and a half. In the meantime the dose of the hydrosulphuret was gradually increased, till it reached fifteen drops three times a-day. The appearance of the patient became very much improved. He was lively and active, and was so much stouter and more healthy in appearance, that his friends scarcely knew him. The skin acted freely; the thirst was moderate, and the appetite very much diminished; in fact, he was no longer able to eat the very plentiful allowance on which he had been placed. Under these circumstances, his friends were anxious that he should return home, and he was, therefore, discharged from the infirmary March 30, very considerably improved.

I heard nothing of Parke after his discharge for about a month or six weeks, when a young man from the same neighbourhood (a considerable distance from Sheffield) was admitted into the infirmary, and informed me that my poor patient was dead. He was unable, however, to give me any particulars respecting his death, and I, therefore, wrote to a gentleman who resided near Parke, and took great interest in his case; but the information I received from him is by no means so precise as I desired. After stating how greatly improved in health and strength the poor boy was when he returned from the infirmary, my correspondent observes, "but this improvement did not continue for more than a week, when thirst returned, which he quenched by milk, water, or what he could get, and the secretion of urine also increased in proportion. In this state he continued for nearly a week, when he lost all appetite for solid food, and complained of great weakness and debility. About five days before he died he drank a great quantity of newly-churned milk, from which time he ate scarcely any solid food. A day or two after this time his mind was for a short period affected, and he became incoherent in conversation. A dulness or heavy stupor never seemed to leave him." His parents, however, did not anticipate his removal, as they had previously seen him very similarly affected. It would have been exceedingly interesting to have made a post-mortem examination of the body, but this was impossible.

REMARKS.

We should scarcely be justified, with the very limited amount of information we possess on the subject, to enter into any speculations respecting the immediate cause of death in the foregoing case; but there are one or two points connected with the treatment on which it may be proper to make a few very brief observations.

In the first place, the administration of the tincture of the sesquichloride (muriate) of iron, sulphate of quinine, and tincture of opium, was decided upon in consequence of the cases published by Mr. Clay, of Manchester, in which very considerable amendment appeared to result from this treatment. In my case the patient certainly derived no benefit; on the contrary, the quantity of urine was somewhat increased. It may certainly be said that the trial given to the medicine was not of sufficient duration. But to this it may be replied, that there was very little encouragement to perseverance, inasmuch as the symptoms gradually grew worse.

Secondly, When the treatment just noticed was discontinued, that suggested by Dr. Barlow was adopted, and apparently with decided advantage. When Parke commenced eating the cruciferous vegetables and taking ammonia, he was passing twenty-two pints of urine in the twenty-four hours. In two days afterwards the quantity fell to twelve pints (a diminution of ten pints), and on the third it fell to nine pints and a half. It is true that subsequently he passed a larger quantity than that last mentioned on several occasions, but it never rose to nearly the same amount as it had attained before the change of treatment was adopted.

Thirdly, The compound iron mixture of the Pharmacopœia was substituted for the vegetable tonic and ammonia, in consequence of the symptoms being, as nearly as possible, stationary, whilst the quantity of urine still continued to be very much above the healthy standard. The change appeared to be, to some extent, beneficial, inasmuch as there was a slight diminution in the secretion of urine.

Fourthly, The hydrosulphuret of ammonia was finally substituted for Griffith's mixture, in order to see what influence a medicine which has a powerful sedative action on the heart would exert over the secreting power of the kidneys. The details of the case furnish an answer to the inquiry. When he commenced taking the medicine the quantity of urine had again increased to twelve pints, and had for ten days been oscillating between eight pints and a half and ten pints and a half, but it afterwards rapidly diminished. He continued taking the medicine for very nearly two months, during the whole of which period the quantity was only, on one single occasion, ten pints and a half, and at the termination of it did not exceed five pints and a half. For some days before leaving the house it remained steadily at five pints.

Fifthly, I may observe that, so long as the secretion of urine continued so decidedly above the healthy standard, although the general health of the patient was vastly improved, and the quantity of urine had diminished fifteen pints in the twenty-four hours, I should not have discharged him had it not been for the earnest and persevering entreaties of himself and friends.

Case III.—On Sunday evening, August 13, 1843, I was requested to visit Mr. W. C., who had long been under the very judicious care of an able medical friend, and had also consulted Dr. Prout, on account of suffering from diabetes. It is not necessary that I should enter into the details of the case, especially as I did not see it till the period just mentioned. It will, however, be proper to remark that he had been subjected to the treatment recommended by Dr. Barlow, which for a time appeared to exercise considerable control over the secretion of the kidneys. The quantity of urine, however, remained steadily above the healthy standard, and the specific gravity several degrees higher than natural. When I visited him, I found him sitting up in his bed-room, considerably emaciated, and with all the usual symptoms of diabetes. He was cheerful, and wished to know my opinion respecting a temporary removal to the sea coast. On the previous day he had been out attending to some matters of business, but had passed a restless night, in consequence of severe pain in the back, which was the immediate cause of my attendance being requested. He represented the pain as not being stationary, but moving up and down, and being particularly severe on moving the body either backward, forward, or laterally, and also on coughing, but not increased by pressure over the spine. He had for several weeks been troubled with a short cough, attended with but little expectoration, but it had been worse for two or three days. The feet and ankles were considerably œdematous. The quantity of urine was about the same as it had been for several weeks, averaging about six pints, or rather more, in the twenty-four hours. It had a pale color, and a faintish, disagreeable smell. It reddened litmus, was not affected by heat, and had a specific gravity of 1·035. The pulse was moderate in strength and frequency, and there was no heat of skin. I was of opinion that the pain in the back was of a rheumatic character, and consequently recommended that he should be well fomented with a decoction of chamomile and poppy-heads, and take two grains of opium at bed-time. On visiting him next morning, I found that he had derived no benefit from the means employed. He had passed a very restless night from the severity of the pain, which was now more fixed over the region of the right kidney. In all other respects he was as before, the secretion of urine not being in the slightest degree diminished. I recommended the application of six leeches over the seat of pain, a saline camphor mixture to be taken every four hours, and some antimony and Dover's powder at bed-time.

In the evening he was considerably relieved. On the following day I did not see him, but on the Wednesday morning I was requested to pay him an early visit. When I arrived at his house, between nine and ten o'clock, I learnt that during the whole of Tuesday he had been very comfortable, but became somewhat uneasy towards the evening. He passed a very restless night, and when I saw him was unable to speak, but he had a violent convulsive struggle, and then fell into a state of coma. I saw him again in the evening, but he was evidently sinking rapidly. The pulse was almost imperceptible, the breathing stertorous, insensibility perfect. During the whole day the secretion of urine continued in such quantity, that it ran through the bed. It was impossible to ascertain the quantity passed, but it must have been very considerable, as it completely saturated the bed and bed-clothes, and mattrass, and the thicknesses of linen which were repeatedly applied to him. He died during the night.

Now, I have ventured to call this case interesting, "from the mode of death," and that it is so, I think will be generally admitted. This mode of death is unusual in diabetes. It does not frequently happen in such cases that patients are cut off suddenly, whilst the general health is not so much impaired as to render them unable to attend to their usual avocations. But such was the fact here; Mr. C. was out on business till rather a late hour on Saturday evening, and he would have been out again on Monday (two days before his death) had it not been for my interdiction.

It is interesting to inquire whether the severe pain in the back, of which the patient complained, had any connection with the cause of death. When first I saw him, it has already been stated, I considered the pain to be of a rheumatic character, and attributable to cold. But the result of the case has materially altered my opinion, and I now believe that the lesion which caused death also gave rise to the anomalous pains under which, for two days, the patient so severely suffered. I take it for granted, from the symptoms which preceded death (unfortunately I had not the opportunity of making a post-mortem examination), that there was effusion about the base of the brain. Now, it may be regarded as an established law in pathology, that a cause of irritation seated in a nervous centre often produces its first and most painful effects on the peripheral extremities of the nerves proceeding from the part. Hence we find that distant organs frequently give the first indication of the most formidable and fatal diseases. Great irritability of the stomach, for example, is very often the precursor of the most serious affections of the brain. I have known such irritability continue for a week or more uncontrolled by any remedies, and at the end of that time a sudden convulsion has carried off the child, or a fit of apoplexy, if the patient were an adult, has put a speedy termination to his sufferings. On other occasions I have known the cerebral seizure follow close upon the sickness; but the irritation is sometimes reflected to organs still more remote, and then the character of the anomalous complaints, under which patients suffer, can only with certainty be known, after some formidable but unequivocal indication has revealed the condition of the central organ. Experience has amply confirmed the truth of these observations to every one who has been long engaged in medical practice. But I must not enlarge; I only add, that the view I am disposed to take of the case just recorded is, that a cause of irritation (perhaps capillary congestion) existed about the base of the brain or commencement of the medulla oblongata, and occasioned by reflexion an abnormal condition, first, of the posterior, and, secondarily, of the anterior nerves proceeding from some of the ganglia of the spinal cord, and that the same cause led to sanguineous effusion, and ultimately issued in coma and death.

In conclusion, I would suggest that the following four inferences may be fairly deduced from the cases now detailed.

1. That there is no necessity to impose upon patients laboring under diabetes an abstinence from all vegetable substances.

2. That the improvement effected in diabetic patients is often extremely transitory. A discontinuance of remedial agents, or a departure from diabetic regulations, too frequently occasions a speedy aggravation of the symptoms.

3. That the sudden invasion of severe pain, whatever may be its precise locality, in advanced cases of diabetes, is calculated to occasion great anxiety in the mind of the medical attendant.

4. That during the course of diabetes, serious disease may suddenly affect a vital organ, and prove fatal, without the abnormal quantity of urine being diminished.

Sheffield, September 5, 1843.

CONTRIBUTIONS
TO THE
PATHOLOGY OF CHILDREN.

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HÆMOPTYSIS IN PHTHISIS.

It is a well known fact, though one not easily explained, that hæmoptysis and pulmonary hæmorrhage very rarely accompany any of the forms of phthisis to which children are extremely subject. Sir James Clark, in his work on Consumption (p.61), observes, "Hæmoptysis is a rare occurrence; at least, I do not recollect to have met with any case in which it was present."

In a series of 118 cases of pulmonary tubercle in children, observed consecutively and in the same year, with the object of forming a ground-work for the history of phthisis in children, I saw only five examples of hæmoptysis,* although a few other cases presented themselves, in which the parents or patients alleged that spitting of blood had occurred at some period previous to the child's admission into hospital. This fact demonstrates the truth of Sir James Clark's remark: hæmoptysis is a rare symptom in the pulmonary consumption of children, and hence the following examples may prove of some interest to the profession. Before entering on a detail of the cases, I may, however, observe that the absence of hæmoptysis may in part be accounted for by the circumstance that children (especially those of tender years) do not expectorate, but swallow, everything which may be brought up into the mouth from the pulmonary mucous membrane. Mr. Murdoch relates a striking example of this fact in his thesis. A child, two years old, died suddenly from the rupture of a blood-vessel which traversed a tubercular cavity in the right lung. A very small quantity of blood had been discharged through the mouth, for the child had swallowed the greater part of it, and on examination after death the stomach and upper portion of the small intestines were found full of enormous clots of blood, which were moulded over their internal surfaces.

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* In 70 other cases observed, not consecutively, but at different periods, hæmoptysis did not occur once, at least while the patients were under observation.

Case I.—*Death from Hæmoptysis.*—Caroline L—, nine years of age, was admitted into the Children's Hospital, Paris, on the 25th February, 1834. The parents of the child are healthy. According to the mother's account the cervical glands have become enlarged within the last six weeks only. The child has been feeble and delicate for a considerable time, and has gradually lost flesh during the last six months; since then, also, she frequently complained of pain in the right side of the chest, which was observed to become more bulging than the left side. About two months back she expectorated a quantity of purulent matter, with increase of pain and dyspnœa, and since that period the enlargement of the chest has gradually subsided. She has slight febrile paroxysms from time to time, but no regular hectic, and suffers from constant diarrhœa.

Feb. 26. On examining the chest this morning the following physical signs were noted:—There is dulness on percussion over the whole of the right side of the chest, in front, particularly at the upper part; some dulness, also, behind; the respiratory murmur is excessively feeble in these points of the chest, but there is no souffle, gargouillement, or pectoriloquy. The child coughs frequently, and expectorates a quantity of fœtid, purulent matter, but no round masses in the sputa; pulse 120; respiration 40; moderate thirst; some appetite; has passed three fluid stools. She was ordered a tonic mixture with sulphate of quinine. On March 1st the same stethoscopic signs were noted.

5. The expectorated matter more abundant and firm; diarrhœa increased. Quinine omitted.

12. The sound at the upper part of the chest on the right side is more dull; behind, near the middle of the scapula, is heard a cavernous souffle with pectoriloquy. On the 18th the child was suddenly carried off by violent hæmorrhage from the lungs, the blood issuing in quantity through the mouth and nose.

On examining the body on the following day, the whole of the right lung was found to have been transformed into a substance of a dirty white color, traversed by white bands; it had altogether the appearance and consistence of firm cheese. The lung adhered extensively to the walls of the chest, and was extremely friable. In the centre of the caseous mass, just alluded to, was a large anfractuous cavity, partly filled by coagulated blood. The bronchus distributed to this portion of the lung and the trachea likewise contained clotted blood. The left lung contained a few tubercles, some of which were beginning to soften. The tubercular infiltration of the right lung was interspersed with lenticular tubercles, from three to four lines in diameter; they were continued from the lung into the intercostal muscles and diaphragm. The abdominal viscera were healthy, with the exception of the lower portion of the ileum, which contained numerous ulcerations.

Case II.—*Hæmoptysis.*—A. Foucault, fourteen years of age, a cotton carder, was admitted into hospital on the 14th December, 1833. The father and mother of the child are healthy, and he has six brothers and sisters also healthy. About five months back, at Lille, he was attacked by ague, which lasted for three months, and since then he has been much subject to fatigue and exposure to the weather while walking. Four days back, without any apparent cause, he was seized with hæmoptysis, and according to his own account spit up about an ounce of blood within half an hour. The spitting of blood has persisted since then, but in smaller quantity. Immediately on admission eight ounces of blood were abstracted from the arm.

15. During the night the child spit up one or two sputa of pure, grumous blood, and several others of blood mixed with mucus; each expectoration was preceded by a rattling sensation in the thorax and a pricking in the larynx; skin hot; pulse 112; respiration 28; the respiratory sound, posteriorly, is pure, and without any râle; in front and beneath the right clavicle there is some resonance of the voice; tongue moist; no pain in abdomen; no diarrhœa. He was ordered to take the decoction of ratanhy and to have sinapisms to the legs. There was no recurrence of the hæmoptysis during the day; cough moderate.

16. Only a few striæ of blood in the sputa; pulse 96; respiration 24; skin cool. Six ounces of blood were drawn from the arm.

17. No trace of inflammatory crust on the blood; the sputa are still tinged, but there is no fever, oppression of breathing, or pain in the chest. No diarrhœa.

On the 18th and 19th the sputa continued to be slightly tinged with blood. Four leeches were applied to the feet.

On the 20th, 21st, and 22nd there was no trace of blood in the sputa.

23. The cough to-day is somewhat worse; the boy complained of a sense of tickling in the throat, and soon afterwards spit up a small quantity of pure blood; pulse natural, 64; respiration not accelerated; skin moderately warm; appetite good; no perspirations at night. To continue the decoction of ratanhy.

On the 25th there was a tinge of blood in the sputa, but this disappeared on the 26th, and the child soon afterwards left the hospital, apparently well.

Case III.—*Death from Hæmoptysis.*—Lucrece Rey, a girl, eleven years of age, was admitted into hospital on the 12th of May, 1835. This child had been subject to cough for a few days only, when, on the 9th of May, she was suddenly attacked by severe shivering, which compelled her to return home from school; during the course of the same night violent pain in the side of the chest supervened, with fever and oppression of the respiration; and these symptoms continued up to the day of her admission. No medical treatment had been adopted.

13. The little patient presents the following symptoms when examined this morning:—The face somewhat flushed; cough without expectoration; dyspnœa; pain under the left mamma, increased on coughing and by the movements of inspiration; the respiratory

sound is feeble on the left side of the chest, with dulness on percussion, but there is no œgophony; some sibilant râle at the summit of the left lung; skin hot; pulse 116; respiration 42; tongue covered with a white fur; loss of appetite; no pain of abdomen; has passed only one stool for the last three days. Eight ounces of blood were abstracted from the arm, and twelve leeches applied to the painful side of the chest.

This treatment had the desired effect. The pain in the side disappeared in a few days, and the child was able to walk about the wards, when she was again suddenly attacked by pain in the left side, with considerable dyspnœa, the presence of effused fluid being indicated by œgophony. She was again relieved by antiphlogistic treatment, and was sitting up in bed on the morning of the 13th of June, when violent hæmoptysis came on, and terminated life in a few minutes, the blood issuing from the mouth and nose in great quantities.

Body Examined Twenty-six Hours after Death.

The right lung is free from adhesions, and the pleural cavity from effusion; in its tissue are several crude tubercles, with numerous grey, semi-transparent granulations, and some lenticular tubercles underneath the pleura costalis; on dividing the tissue of the lung, there appears a number of round, dark red spots, completely isolated from each other, and produced by effused blood; the tissue surrounding these spots is healthy.

On the left side the pleura is thickened, and the opposite surfaces extensively adherent by false membranes, which contain some tubercles; the cavity of the pleura on this side contains about two ounces of bloody serum. In the interior of the lung are numerous spots of effused blood, of the size of a sixpence, similar to those in the right lung. The tubercles are more numerous in this (the left) lung, and chiefly seated in the superior lobe. There is a good deal of coagulated blood in the larynx, trachea, and bronchi, and their lining membrane is of a deep red color, from imbibition. The bronchial glands are tuberculated. The heart is healthy, but pale and flaccid; underneath the serous membrane which covers the muscular substance of the heart there is a small lenticular tubercle, and seven or eight miliary tubercles near its base.

There is a small clot of blood in the œsophagus, and a second, as large as a hen's egg, in the stomach; some submucous tubercles, with ulcerations, near the termination of the ileum; large intestines healthy. The liver is united to the diaphragm by false membranes, containing tubercles, some of which exist in the substance of the liver, also in the spleen and mesenteric glands. The brain and its membranes are healthy; but near the middle of the left hemisphere and in the cortical substance is a small tubercle of the size of a pea, the surrounding nervous tissue being perfectly healthy.

Case IV.—*Hæmoptysis without Tubercle.*—In connection with the preceding cases I may relate the following very rare example of hæmoptysis independent of tubercular deposit in the lungs:—

Clementine Scallier, a girl, thirteen years of age, was admitted into hospital on the 18th of June, 1834. The patient had been dismissed six days previously, convalescent from scarlatina. On the 17th, without any apparent cause, she was attacked by shivering, with some febrile symptoms, and pain under right mamma, followed by expectoration of blood. On the 18th the symptoms were aggravated; the hæmoptysis more frequent and abundant, pure grumous blood, of a bright red color, being expectorated. Immedately on admission into hospital she was bled from the arm, with considerable relief, and passed a quiet night; the pain in the side was much less severe; no cough; expectoration of blood diminished.

19. The skin is desquamating extensively in small scales; face swollen, and eyelids slightly œdematous; skin moderately hot; pulse 132; respiration 48; dyspnœa; tongue foul, and somewhat dry; slight thirst; no nausea or vomiting; has passed several fluid stools; expectorated this morning some sputa of pure blood; the respiratory murmur is more feeble on the right than on the left side; no œgophony or dulness on percussion; the whole of the right side of the chest is painful. To be bled to twelve ounces, and sinapisms placed on the legs; milk diet.

20. Face more swollen than yesterday; pulse 121, regular, but very compressible; respiration anxious, jerking, with dilatation of nostrils, 56; has spit up a few clots of blood; there is some trace of *souffle* at the summit of the right lung, with bronchophony; cough, attended by pain along the course of the sternum; skin very hot; has passed three fluid stools; tongue dry and foul; great thirst. To take fifteen grains of the oxide of antimony in gum mixture.

21. Pulse 128; respiration 60; voice faltering; pain under the edge of the false ribs increased by pressure; skin very hot and dry; child agitated, and some *subsultus tendinum;* has vomited once, and passed three fluid stools; abdomen tender to the touch; has expectorated several clots of dark blood; souffle tubaire and bronchophony under the right scapula; the sputa frequently tinged with blood; adbomen tympanitic; no sudamina or lenticular spots. Continue remedies.

22. Pulse 120; respiration 40, less difficult; skin still hot; the diarrhœa continues, five or six fluid stools being passed during the day; abdomen painful on pressure, and tympanitic; has expectorated several sputa of pure blood; the pain in the side continues; to-day and yesterday a few indistinct papulæ were noticed on the face and arms.

23. Pulse 120; respiration 48; pain in chest persists; sputa slightly rusty; abdomen very painful; has passed several fluid stools; sound of chest, on percussion, equal on both sides; some sub-crepitant râle on the right side, the respiratory murmur pure in other parts; the eruption is now evidently small-pox, but it has made no progress; the vesicles are pale, and there is no trace of inflammatory action around them. To have a gum mixture, cataplasms to the abdomen, and the white oxide of antimony, as before.

25. The pustules are now more developed on the face, but still pale, and without areola; on the limbs they are irregular, imperfect pustules being mixed with papulæ and vesicles; the cough remains unchanged; expectoration of viscid, transparent sputa, without any blood; pain continues in the right side, where a crepitant râle is now distinguished, with feeble respiratory murmur, especially at the summit of the lung;

tongue cleaner; thirst abated; voice hoarse, and child complains of some pain in the throat, with difficulty of deglutition; three or four fluid stools; vomited once yesterday after taking her mixture; pulse firm, 128; respiration less anxious, 48.

26. The pustules are now more fully developed on the abdomen, which is less painful on pressure; cough and expectoration the same as before; pulse regular, 112; respiration 36; skin still warm, but a little moist. To have eighteen grains of the oxide of antimony.

27. Pulse 124; respiration 44; skin warm; the pustules on the face are beginning to suppurate; the *souffle tubaire* is heard in a very confined point, at the summit of the right lung, with crepitant râle, more extensively diffused; the sound on percussion is more dull on this than on the left side; the cough is unabated, but there is much less pain in the side; no expectoration; diarrhœa continues; tongue clean. Mixture, with twenty grains of the white oxide of antimony.

28. Cough and diarrhœa persist; no expectoration; child complains more of the pain in the side; pulse 120; respiration 48.

As my object in relating this case is simply to illustrate the occurrence of hæmoptysis in children, it is unnecessary to pursue the daily account of the symptoms any further. It will suffice to say that the thoracic and abdominal symptoms continued to increase to the 10th of July, when the little patient sunk under them.

Body Examined Twenty Hours after Death.

Chest.—The larynx, trachea, and bronchi, are healthy; the left lung is crepitant throughout, free from adhesions, and does not contain any trace of tubercle; the posterior and lower portion is congested. The two lower thirds of the right lung are in a state of grey hepatisation, and friable, the upper portion only being capable of admitting air; at the posterior part there is a considerable portion of the tissue, of a black color, softened, and infiltrated with serum, resembling the pulmonary tissue in an incipient stage of gangrene. The upper part of the lung is united to the walls of the chest by old false membranes, and the remaining part is also united to the costal and diaphragmatic pleuræ by false membranes of recent formation. Heart very large and soft; pericardium healthy.

Abdomen.—The stomach is large, its mucous membrane healthy; that of the small and large intestines is pale, and free from softening; near the end of the colon, however, there is some arborisation, with thinning of the mucous tissue; no tubercles in the mesenteric or bronchial glands. The kidneys are large; on dividing them there appeared several spots of a straw-yellow color, which pass from the cortical substance into the tubular in many points; these yellow spots are greasy to the touch, and give to the kidney much of the appearance peculiar to the fatty liver.

Head.—The arachnoid lining the upper part of the hemispheres is thickened and opaque; the cerebral tissue throughout healthy, but very pale; no serum effused in ventricles, or at the base of the brain.

Case V.—*Sudden Death from Hæmoptysis.*—A. Audiffret, fourteen years of age, was admitted into hospital on the 25th of February, 1833. The child had been previously in hospital for an inflammatory affection of the chest, and had been dismissed cured in December last. His parents are healthy, and he always lived in the country until eighteen months back, when he came to Paris. Since then he was subject to cough, with occasional pain in the side; within the last two months has had symptoms of disease of the hip-joint. He lost flesh considerably within the last six months, but never had any diarrhœa or spitting of blood; has been subject to night sweats for some time, with frequent cough and copious expectoration. On examining the patient, a few days after his admission, the following symptoms were noted:—He is excessively emaciated, but the chest is well formed; face pale; skin dry; pulse 100; respiration 32, not oppressed; cough very much abated; does not complain of any pain in the chest; expectorates a few mucous sputa; the voice is considerably changed—almost, indeed, gone—but he does not complain of any pain in the region of the larynx (the change of voice had existed for four months); the respiratory murmur is feeble on both sides of the chest, both anteriorly and posteriorly, but there is no râle or evident dulness on percussion; tongue clean; no thirst; appetite good; no pain in abdomen. During three weeks the child remained nearly in the same state, the attention of the physician being chiefly directed to the disease of the hip-joint, when, on the 27th of March, violent hæmoptysis set in, and speedily terminated existence.

Autopsy, Nineteen Hours after Death.

Chest.—The whole of the upper portion of the right lung adhered to the walls of the chest; the tissue of the lung was healthy, but it contained numerous small crude tubercles, none of which were softened; there was no trace of a cavern; the inferior lobe of this lung was congested, and the bronchi, much reddened from imbibition of blood, contained a few clots. On the left side the same old adhesions of the lung to the parietes of the chest existed, with deposit of crude tubercular matter, disseminated through different portions of the lung; the bronchi were dilated, and their lining membrane of a dark red color; the same color extended along the membrane of the trachea to the larynx, but there was no trace of ulceration in the latter organ. In the inferior lobe of this lung were numerous dark points, giving it a marbled appearance, and several small, circumscribed collections of effused blood; bronchial glands tuberculated. The heart was healthy; the pericardium contained about an ounce of clear serum.

Abdomen.—The stomach contained a good deal of blood, partly coagulated and mixed with mucus; its mucous membrane was firm, although of a deep red color in many places, but this was removed by washing. Near the end of the small intestines were two ulcerated patches, containing some *debris* of tubercular matter, and in the colon were found seven or eight small, circular, tubercular ulcers. The rest of the abdominal viscera healthy.

Head not examined.

Case VI.—*Hæmoptysis.*—H. Landier, a boy, fourteen years of age, was admitted into hospital on the 1st of February, 1833. The parents of this child are healthy; he has been long subject to catch cold; six months back had an attack of the chest, which lasted three or four months, with cough, pain of chest, and expectoration of blood. Within the last fifteen days the cough has become more severe; he has been frequently subject to bleeding from the nose.* On the day of admission (Feb. 1) the hæmoptysis returned with considerable violence, a large quantity of florid blood having been expectorated.

Feb. 2. Pulse 100; respiration 30; cough frequent, with expectoration, sometimes of pure blood, sometimes of blood and mucus; complains of pain behind the sternum; voice weak; the respiratory murmur clear behind, but under the right clavicle there is cavernous souffle with pectoriloquy; no gurgling; sound here dull on percussion; skin moderately warm, moist; is subject to night-sweats; no diarrhœa. To have a mixture containing the extract of ratanhy, with an opiate.

3. The expectoration of blood continues; pulse 84; respiration 24; no change in the general symptoms or physical signs. Ratanhy increased to five grains.

On the 4th the hæmoptysis was not abated; a strong decoction of ratanhy ordered. On the 5th there was no recurrence of the symptom, but on the 6th the expectoration of blood was very copious, sufficient to fill two of the spitting-pots used in the hospital; pulse 92; respiration 40, not oppressed.

7. Hæmoptysis somewhat abated; no fever; appetite good; allowed spare diet.

On the 9th there was merely a trace of blood in the sputa, and on the 12th this had disappeared, but was replaced by epistaxis. The child was removed by his parents on the 14th.

Case VII.—*Hæmoptysis.*—Louis Klein, thirteen years of age, admitted August 28, 1833. Had a very long attack of hooping-cough when seven years old; is a child of scrofulous constitution; his mother died of phthisis when thirty-nine years old; father also died of some disease of chest. In the month of February last the child received a violent blow on the chest, and since then has complained of pain in the chest, with constant cough and expectoration striated with blood; never had any copious hæmoptysis; no diarrhœa.

On the 28th the child was again attacked by hæmoptysis; he spit up about a dessertspoonful of blood with a small quantity of mucus; the skin is rather warm; has copious night sweats; each expectoration is preceded by a sensation of gurgling in the right side of the chest; pulse 92; respiration 28; no diarrhœa or pain in the abdomen; the sound of the chest, on percussion, is very obscure on the left side, but clear on the right; there is cavernous respiration in the middle third of the left lung, with gurgling and pectoriloquy. The respiratory sound is audible in other parts of the chest.

On the 29th the hæmoptysis did not recur; pulse 88; skin cool; asks for something to eat.

Sept. 2. The child vomited two or three times, and complained much of pain in the left side of the chest; soon afterwards hæmoptysis occurred, and he expectorated a considerable quantity of blood. He was bled to four ounces.

3. The spitting of blood, which had ceased for a few hours yesterday, returned immediately after the bleeding, but the cough was much alleviated; pulse 88. Bleeding to four ounces to be repeated.

The blood drawn from the arm is very serous, and the clot not firm; pulse 104; respiration 28; no hæmoptysis; no diarrhœa. The stethoscopic signs are the same as already mentioned; night sweats very abundant. To have a mixture containing quinine and four grains of digitalis.

In this state the child continued, with little improvement, occasionally spitting blood, to the 1st of October, when he was removed from the hospital.

Case. VIII—*Hæmoptysis.* — —— Mouly, twelve years of age, had been dismissed from the hospital on the 21st of July, 1833, convalescent from a bowel attack; was readmitted on the 20th of August; while out of hospital he labored under diarrhœa, but his intellect is so dull that it is not easy to obtain any information from him. He has been subject to cough for the last five months and is much emaciated.

August 21. On examining the chest there is evident dulness of sound on percussion under the right clavicle, with cavernous râle, but no gurgling; abdomen tumid and painful; diarrhœa; no febrile symptoms. On the 3rd of September slight hæmoptysis occurred; pulse 104; night sweats not abundant. During the next few days there was no expectoration of blood, but on the 13th the child experienced a sensation of bubbling in the chest, and soon afterwards spit up a considerable quantity; pulse 84; skin hot; cough very troublesome; respiration slightly oppressed; cavernous râle and pectoriloquy heard behind the right scapula; night sweats copious; expectorates a quantity of muco-purulent matter, occasionally tinged with blood; diarrhœa continues.

During the next few days no change worthy of notice occurred; the diarrhœa had ceased after the discharge of two ascarides.

18. Face pale, and very emaciated; night sweats distressing; no pain in chest; cough frequent; expectoration of thick, yellow-green sputa; *gargouillement* and pectoriloquy evident in the left side of the chest, and dulness on percussion behind; on the right side mucous râle; tongue red; abdomen free from pain; pulse 80; respiration 24. From this period the child sunk rapidly, and died on the 4th of September.

Body Examined Twenty Hours after Death.

Brain.—The dura mater, arachnoid, and pia mater adhere at two points—on the right and left sides—to the hemispheres; it is impossible to separate them without removing a portion of the nervous tissue, but the latter is not altered in color or consistence. There is a great number of granulations in the fissures of Sylvius on both sides; about two ounces of clear serum in the ventricles; cerebral substance healthy throughout.

Chest.—The summit of the *right* lung adheres to the chest by old false membranes; the whole of the upper lobe is indurated, and contains a vast number of miliary tubercles; near the top is an anfractuous cavern, containing a dark fluid; the other two lobes are crepitant throughout, and contain a few semi-transparent granulations.

The *left* lung is free from adhesions; it crepitates throughout the greater part, and contains a single tubercle, in the centre of which is a very small cavity. The right bronchial glands are tubercular; larynx, trachea, and bronchi, healthy. Heart healthy; about two ounces of clear serum in the pericardium.

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* I have observed that children affected with phthisis are frequently subject to bleeding from the nose. The occurrence of epistaxis is nearly as frequent as that of hæmoptysis in adults. Perhaps the one hæmorrhage may replace the other.

Abdomen.—Mucous membrane of the stomach pale, very thin, and softened in many points; the first half of the small intestines contains an immense number of small, round, tubercular ulcers; the mucous lining of the cœcum is deeply injected, and also the seat of several ulcers; other viscera healthy.

As my object in relating the above cases is merely to place them on record as examples of the occurrence of hæmoptysis in children, I shall not append to them any remarks. I must, however, observe, that I have omitted to notice one form of pulmonary hæmorrhage which is peculiar to children, because I have not been able to find my notes of the only case which I had observed. This form is invariably and instantly fatal; it occurs in bronchial phthisis, and arises from the perforation of one of the large vessels of the chest by a tuberculated bronchial gland. Sudden death may thus occur from perforation of the pulmonary artery. Of this I have seen one example, and in a second case the artery was so completely flattened between two masses of the bronchial glands, that the passage of blood was interrupted, and death took place, as from disease of the heart.

London, September, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, SEPTEMBER 16, 1843.

Our readers, as members of a profession, the exercise of which is a daily training in works of benevolence, cannot fail to have watched with anxiety and interest the investigations which have been pursuing of late years into the physical and moral condition of the poorer orders of the community. And, truly, these investigations have unfolded an appalling picture of wretchedness, ignorance, and profligacy, in the very heart of that country which, with honest pride, we are accustomed to look upon as the earthly abode of enlightenment and happiness.

But there was one conclusion which appeared fairly deducible from the evidence brought forward at an early period of these investigations, which must have been beyond all others painful to every Englishman. For the manufactories—those very means to which this country is indebted for so much of its wealth at home, its commerce abroad, and its precedence in the rank of civilised nations—were shown apparently to be inseparably accompanied with the seeds of social degradation, and were denounced as the sources of every evil, personal and political. The slow destruction of health—the sure abridgment of life—the procreation of a degenerate race, stunted, misshapen, bearing within them the seeds of consumption and scrofula—the entire benumbing of all the moral feelings and intellectual powers, through the monotony of incessant labor and physical exhaustion—habits of sensual gratification rendered inevitable by the extinction of both opportunity and capacity for higher and purer pleasures—the accumulation of masses of a depraved population, utterly unamenable to restraint from priest or magistrate—these were set forth as the certain consequences of the exercise of those arts which conduce most to the comforts of civilised life; and it was said that the foundations of the commercial wealth and manufacturing prosperity of England were erected on the ruins of both the bodies and souls of myriads of our fellow-creatures.

We need not tell our readers how much of distortion and of venom these exaggerated statements derived from feelings of personal and political animosity; and, as was quite natural to expect, a totally opposite set of statements was advanced by those whose character and interests were affected, which deviated from the truth quite as much as the former ones, although in an opposite direction. Thus, by this party, employment in the factories was represented as the means by which (doomed as we are to eat our bread in the sweat of our brows) that sweat is deprived of all its bitterness. The inmates of a factory, we are told, breathe an ever genial atmosphere, free alike from the incursions of cold and the accumulation of close unwholesome vapor. Their labor affords them exercise without fatigue. Their wages suffice for all the reasonable comforts of existence. They are cared for during sickness. In fact, if we were to believe these panegyrists, factory labor is the greatest boon to the population; it is a preventive, if not a curative, of consumption and scrofula; and it secures to them the means of subsistence with the least amount of bodily strength, and with the smallest amount of exposure to the inclemencies of the seasons, and to the risk of injury or mutilation.

Now, in these conflicting statements we have no more than the inevitable result of investigations entered into by men, who, however honestly bent upon discovering the truth, are filled with preconceived ideas of what might reasonably be expected, and who, therefore, can see only the facts which support their own view of the case. We have also the results of that reaction which follows infallibly when men have been led by exaggeration to expect a frightful amount of evil. Finding that things are not quite so bad as was represented, they rush into a totally opposite conclusion, and can see no evil at all. This is most amusingly exemplified in the conversion of Dr. Cooke Taylor, a recent philosophical tourist in the manufacturing districts. "Thus," to use the words of Mr. Noble's most praiseworthy pamphlet,[*] "he was first led, by what he had heard, to believe, in his own phraseology, that cotton "mills were places where young children were, by some inexplicable process, ground—bones, flesh, and blood together—into yarns and printed calicoes," and that the proprictors of these mills were "the living representatives of the ogres and giants of our nursery tales." Hence it is no wonder that, when enjoying the hospitality of such men as Mr. Henry Ashworth, of Turton, near Bolton, and inspecting the admirable economy of the mills and cottages belonging to that gentleman, the ordinary consequences of revulsion of feeling should arise, and that factories and their vicinity should, in the warmth of a kind Irish heart and an excited imagination, become as Eden, and the owners thereof as so many guardian angels."

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[*] Facts and Observations relative to the Influence of Manufactures upon Health and Life. By Daniel Noble, Member of the College of Surgeons, &c. &c. London, 1843.

But, as says the judicious Hooker, "*Wise men are men, and truth is truth.*" The truth, however, can not be expected to be entirely on either one side or the other of the controversy under consideration. When men, possessed of equal abilities and opportunities for observing, see the same things in such different aspects, and come to conclusions so diametrically opposite, it follows of necessity either that the mode of investigation pursued is an erroneous one, or else that the real cause and conditions of the phenomena which they seek to account for have eluded their grasp.

Now, it is needless to inform those who have interested themselves in the subject, that the first of these two sources of error—that is to say, an erroneous method of investigation, has almost always accompanied the present inquiry. "It has never," as Mr. Noble justly remarks, "been thoroughly divested of extraneous considerations. When the influence of manufactures upon health and life has at any time been made the subject of inquiry, it has rarely been discussed and investigated *by itself;* matters bearing upon their general social effects, and questions of political economy have been so intermingled therewith, that almost inevitably the spirit of party has obscured in most cases the perceptions of the investigators, and confused and complicated the entire subject."

Again, that the factory system alone is not the real cause of the misery and degradation of the operatives, is most clearly shown by the contradictory reports of equally qualified investigators. Both of the contending parties cannot be right, and both are not entirely wrong. It is impossible to deny the wretched condition of a great mass of factory operatives; but, as that enormous degrading wretchedness which is the just subject of complaint is not universal, the conclusion is inevitable, that it depends not on the factory system *per se*, but on some extraneous circumstance, which is occasionally or frequently a concomitant of it.

What the amount of evil caused by the factory system really is, and what other circumstances they are, which fill up the cup of misery, we are shown clearly enough in the pamphlet of Mr. Noble, which we have before quoted from; and we are glad to be able to add his name to those of our professional brethren who have deserved well of their fellow-citizens by their labors in these investigations. His services are of the nature most needed; not the collection of new data, but the careful analysis of preceding researches, in order to compare facts, to sift the wheat from the chaff, and detect the truth amidst the conflicting statements by which it has been obscured.

Now, in the first place, with respect to the real influence of the factory system by itself on health and longevity, the conclusions which Mr. Noble has formed must appear conformable to the common sense of everyone.

"I believe," he says, "that factory labor is on many accounts injurious—that is to say, when contrasted with the state of the classes raised above the operative. How, indeed, can it be otherwise, when regarded as a whole? Individuals thus employed do not spend in the open air more on an average than an hour or an hour and a half in the twenty-four; work is resumed almost the moment the meals are consumed, allowing but little rest for the initiation of a sound digestion; and in the case of the young there is nearly an entire absence of that delightful "child's play" which the purest feelings of our nature reveal to us as so essential to juvenile health, vivacity, and vigor. Causes like these must and do depress more or less the vital energy, and induce certainly a lower state of the general health than would exist with the presence of an opposite state of things, as evinced in the pale complexion, the attenuated muscle, the great tendency to what is technically denominated the subacute form of disease, and the tedious and uncertain convalescence."

Admitting, then, that the factory system involves some consequences unfavorable to health, the next point is to consider whether these consequences are more detrimental than those of other avocations pursued by persons in the same walk of life. And on this point, too, we must agree with Mr. Noble that there are many other means of earning a livelihood quite as objectionable as the manufactories. "There are the foundries, where machinery is constructed; there are the joiners' shops, the dyeworks, the hat manufactories, the tailors and milliners' work rooms; there are the letter-press printers' apartments, the compact counting-houses: indeed, with few exceptions, the conditions of every kind of labor in any of our modern cities present almost the same exceptionable points as those of our manufactories, some being more or less favored in particular respects."

Since, then, it must be contended on the one hand, that factory labor, although in many points unfavorable to health, is not more so than many other occupations—whilst, on the other, it must be admitted that a great mass of disease and misery is constantly to be met with in the districts where manufactures prevail—it remains to be shown what circumstance it is which, being superadded to the factory system, is the real cause of the mischief. That circumstance, according to Mr. Noble, is *the great town system*. And this position may be proved in two ways. It may be shown that factory labor free from *great town* influences is not particularly injurious to health; and it may be shown likewise that great towns which contain no cotton factories show even a larger amount of misery and mortality than those which do.

"Great differences," says Mr. Chadwick, "are perceptible in the general personal condition of persons working during the same hours in cotton mills in towns and in cotton mills in rural districts, where they have not only a purer atmosphere, but commonly larger and more commodious places of abode. The factory superintendents generally state that the workers in the country mills are distinguishable at sight by their more healthy appearance, and by the increased proportions among them who have florid complexions. Very lately the attention of the Austrian government was called to the labor of persons in the cotton factories in the neighbourhood of Vienna. One half, perhaps, of the mills are of the ordinary construction of the cotton mills in England of from thirty to forty years' date, and they work, on an average, as much as fifteen hours per diem. But it appears that the houses in which the workers live belong to the capitalists who own the mills, many of whom have displayed a desire to ensure, as far as the state of the private residences can ensure, the comfort of those whom they employ, and they have accordingly built for them a superior description of tenements. It is stated that the result of the inquiry conducted by the government physicians was, that the average health enjoyed by the workers in these mills is greater than that of any other class of workpeople in the neighbourhood where the mills are situated, and where the general condition of the population is deemed good. The difference in the general health of the two classes (indicated by the proportions of death, one in twenty-seven of the general population, and one in thirty-one of the manufacturing population) was ascribed to the difference in the residences."

Thus, having demonstrated that factory labor, *per se*, is not necessarily more deleterious than most other kinds of labor, the proof is most conclusive that the evils attributed to the factory system, and often met with in connection with it, are really due to the *great town* system. It may be shown that the higher rate of mortality met with in a manufacturing town, such as Manchester, is not confined to the manufacturing population, but involves all classes alike. "Thus, in a return of the average age of death amongst the different classes of people in manufacturing Manchester, and agricultural Rutlandshire, the figures stand thus:—

	Manchester.	Rutlandshire.
Professional persons and gentry, and their families	38	52
Tradesmen and their families (in Rutlandshire, farmers and graziers are included with shopkeepers)	20	41
Mechanics, laborers, and their families	17	38"

It may be shown, again, that the *great town*, and not the factory system, is to blame, by a comparison of Manchester with other great towns free from manufactories.

"The instances of Manchester and Liverpool seem of all others the most aptly comparable; they have a somewhat corresponding amount of population, and the towns exhibit very nearly the same superficial extent; the one has been created and lives by the factory system, the other contains, I believe, but one factory, and that of very recent construction, and situated in the suburban locality. The parliamentary report on the health of large towns, in complaining most justly of the sanitary condition of Manchester, observes, however, that "the habitations of the working classes are described as better than those of Liverpool, for, as an illustration, it may be stated that, whilst the opprobrium of modern civilisation—cellar residence—extends in the former place only to about 15,000 of the working population, in the latter so many as 40,000 are subjected to such miserable inhumation in life. Now, the returns of the registrar-general have even presumed a higher rate of mortality, and a presumably greater prevalence of disease in Liverpool than in Manchester; and Mr. Chadwick's analysis displays the following figures:—

	Average Age of Death.
137 gentry and professsional persons and their families	35
1738 tradesmen and their families	22
5597 laborers, mechanics, servants, and their families	15"

We have now, we trust, brought our readers to the conclusion that the factory system of labor, although not irreproachable, is at least not necessarily guilty of the enormous and irremediable mass of evil with which it has been the fashion to charge it. We think that it will be admitted that large sections of the community may earn their bread in the cotton and woollen factories, without either shortening their own lives or deteriorating the health of their posterity,—provided only that the influences unfavorable to health and morals, which Mr. Noble includes under the term *great town system*, be counteracted by the benevolence and forethought of private individuals and of the government. What these evil influences are—how poverty, ignorance, domestic wretchedness, sensuality, disease, and early death follow each other in unavoidable succession, and what must be done to rescue their unhappy victims—we may, perhaps, take an early opportunity of showing, from the recent sanitary inquiries.

Meanwhile let us pay Mr. Noble a well merited compliment for the clearness and candour with which he has treated the subject in the pamphlet from which we have so largely quoted. And we may add that the pleasure with which we perused his production was enhanced by the circumstance that his conclusions coincide entirely with those which the writer of these remarks had formed from a few cursory opportunities of personal investigation. On visiting the factory districts of Yorkshire some few years ago, filled with visionary expectations of leanness, squalor, deformity, and precocious lewdness, we were struck with the ruddy, well-fed appearance of the young operatives in the few mills which we inspected personally, and with their intelligence and modest and respectful demeanour. We could not help feeling the conviction, therefore, that the miseries of which we had read such exaggerated statements, and which we afterwards witnessed in the back streets of Liverpool and Manchester, could not more fairly be laid to the charge of the factories than the demoralised condition of Saffron-hill or St. Giles's.

REVIEWS.

A Practical Treatise on the Diseases peculiar to Women, illustrated by Cases derived from Hospital and Private Practice. By Samuel Ashwell, M.D., Member of the Royal College of Physicians, Obstetric Physician and Lecturer at Guy's Hospital. Part II, pp. 259.

The greater portion of the present fasciculus of Dr. Ashwell's work is devoted to the description of the structural diseases to which the uterus is liable; the commencing chapter including hysteria and irritable uterus, or hysteralgia, forming the conclusion of the first part of the work, published some months ago.

In the section on the pathology of hysteria, the author dwells more upon the morbid changes occurring in adjacent viscera than upon any abnormal condition of the uterus itself. He refers chiefly to the nervous system, more particularly its ganglionic divisions through which the circulation becomes secondarily involved, the reflex function being employed to explain some of the myriad anomalous symptoms of this changeful malady. Undoubtedly the most valuable portion of the section on hysteria is that in which the object of the author is to demonstrate the modification of symptoms characterising other and acute diseases when occurring in persons of the *hysteric diathesis*. The following quotation well expresses the general view of the author :—

"It is of great practical utility to remember that, where the hysteric diathesis really prevails, recoveries sometimes occur from states in which all hope has been laid aside. Thus paralysis, and difficulty of swallowing, and great debility, are extraordinarily recovered from ; and occasionally, when phthisis and the emaciation supposed to be its direct result have reached an apparently hopeless point, the patient most singularly and inexplicably begins to recover. I have sometimes thought that an impression on the mind of the sufferer of the certainty of a fatal result, if the disease persisted, was the first link in the chain of events, marking a gradual restoration. I am, too, quite certain that the progress of phthisis is often slower in the hysterical than in any other class. These and other considerations establish the extreme importance of an accurate and comprehensive knowledge of the symptoms and varying aspects of hysteria."

The treatment of the disease is divided into that applied to hysteria dependant on plethora, on debility, and on gastro-intestinal disorder, but nothing possessing the charm of novelty is presented to us, and Dr. Ashwell, like all other writers and physicians of the day, is obliged to treat symptoms and employ the same means as in times past.

"Irritable uterus" is the next affection to which the author's attention is directed, and in this section we find much that is valuable in reference to the diagnosis of this form of disease from the many others with which it is frequently confounded. The correctness of the term "irritable uterus" is questioned, and with much justice; before the writings of the late Dr. Gooch, whose admirable description of the disease first drew sufficient attention to it, physicians were accustomed to believe in the occurrence of inflammation as the cause of the frequently urgent symptoms grouped under the head of irritability. An error is now far too common of believing in the frequent existence of irritability of the uterus, rather than of inflammation, and the practice pursued in accordance with such views commonly falls short of its intended object, no benefit results, and the disease runs on, its severity alone ameliorated by the frequent exhibition of sedatives. The symptoms of this affection, stripped of the obscurity which their existence in persons of hysteric diathesis often throws around them, are, in fact, distinctly those characteristic of inflammatory action.

"That the disease in question (says Dr. Ashwell) should be regarded as a modified inflammation of the cervix uteri, is a view in accordance not only with symptoms, but with the results of the most successful treatment. It is difficult to understand that there shall be redness, which I have several times seen by the speculum, heat, permanent pain, and the tenderness of the neck of the uterus, a glandular part, without believing that its vascular and nervous structures have undergone some change. Judging, also, from the marked relief afforded by cupping, leeching, aperients, and spare diet, what more tenable and satisfactory conclusion can be arrived at than that the so-called irritable uterus is dependant on subacute or chronic inflammation—a position, the truth of which is fully substantiated by those changes of structure which, although slowly, and not till after many years, have nevertheless occurred, in cases which till then were regarded and treated as examples of irritable or neuralgic disease."

Several interesting cases illustrative of the efficacy of antiphlogistic treatment in this class of affections is given, more especially of the employment of local depletion.

The next division of the work consists of general remarks on the history and symptomatology of organic diseases of the uterine system, and here the general rules laid down are at once judicious and practically useful.

The author is favorable to the more general use of the speculum uteri, and recommends its employment not only in cases of organic disease, but also in leucorrhœa and menorrhagia of long standing. We are glad to see that the prejudicial results not unfrequently resulting from the use of the speculum have not been lost sight of, but we think the author might have found even stronger arguments against its indiscriminate introduction than the very early or very advanced age of the patient. The diagnostic signs by which the existence of true malignant disease may be distinguished from the altered conditions of the os and cervix uteri, commonly the result of hyper-nutrition, are carefully and accurately detailed. Under the specific term of *granular* inflammation of the cervix, Dr. Ashwell describes a morbid condition, which, so far as the examination by touch is concerned, corresponds very closely to the incipient stage of scirrhus, to which attention has been directed by Dr. Montgomery. Visual examination is requisite for a correct diagnosis, and by the aid of the speculum Dr. Ashwell states that he has remarked increased redness and vascularity, and in two examples has seen the arteries of the cervix strongly pulsating.

Under the head of "Metritis," the author speaks of abscess of the uterus, even in its unimpregnated condition, as a termination by no means rare; and has several times known half a pint, or even a larger quantity, of pus to be shut up in the uterine cavity.

We cannot quite accord in this opinion, and would refer the cases alluded to, to another head, being, in fact, examples of purulent collections in the cavity of the uterus, and not of the formation of abscess in its parenchymatous structure—the contained secretion in such instances being the result of a morbid action limited to the lining membrane of the organ, and probably being altogether unassociated with any pathological change in the uterine parietes. Examples of true abscess of the unimpregnated uterus are undoubtedly rare, and if we except the cases of Boivin and one or two others, but few have hitherto been recorded.

Although believing that there are certain subjects which the author might with advantage have more fully discussed, we are far from detracting aught from the merits of the work, and in concluding this notice we have much pleasure in strongly recommending Dr. Ashwell's book as one of great practical utility, and well calculated to maintain the professional reputation of its author.

EFFECTS OF DRUGGISTS ACTING AS MEDICAL PRACTITIONERS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—It appears, from the Registrar-General's reports, that more than half of the total deaths in several of the large towns occurs in children under five years of age. Will you be kind enough, Gentlemen, to call the attention of those members of the profession, who are connected with the health of towns' commission, to the propriety of inquiring to what extent this excessive mortality may be ascribed to the injudicious interference of druggists, and other ignorant persons?

I am, Gentlemen,
Yours respectfully,
September 4, 1843. A Subscriber.

POOR-LAW MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As a country practitioner of some standing, permit me to address a few lines to you, although I can readily believe that you have become tired with all communications respecting "poor-laws" and "medical relief." However, it has fallen to my share to know something of medical attendance administered to the poor under the former system; and I have also witnessed every degree of relief under its more recent administration. The medical clubs which were introduced in the year 1837, under the sanction of the poor-law commissioners, and rigidly required to be adopted upon the lowest terms by the respective boards of guardians, have proved a complete failure, not from the want of attention to them by the medical profession, but because they did not receive that support from the guardians themselves which would have ensured their well-working. The *loan* system, again, in connection with medical relief, and of which so much was mentioned, and from which so many advantages were supposed to be derived, has likewise proved itself to be in a similar state! I am aware that the laboring classes, in common with others, have difficulties to meet, even when in the enjoyment of health, and I feel certain that I would not be willing to add to their burden; yet, had medical clubs been generally placed under a regular system of good management, I think the plan of placing laborers and their families to a certain extent upon their "own resources," would not merely have added to their independence, but might have had a happier effect upon the mind and morals, than sanctioning every laborer to make a demand upon the parish for "medical orders" the moment he may become indisposed, although the individual in some cases may be earning one pound, and upwards, per week.

The peculiar and lamentable situation in which medical men were placed, in reference to the sick poor, until the recent alterations of the poor-law commissioners, was very sad; but I fully believe that, the true state of affairs being made known to them, they immediately met the difficulties of the profession, and have at length proved our *best friends*. They have likewise been instrumental in diminishing the large and unwieldly districts of country unions to about half their original size, by which means the poor can obtain advice and medical appliances far more speedily, and without the necessity of sending some ten or twelve miles. Great improvements have also been added to the various workhouses, by the addition of sick wards, warm baths, dispensaries, well fitted up for the reception of urgent cases. The parliamentary petitions, the association and combination of medical men, with the valuable aid of the Provincial Association, *en chef*, have placed matters in their true light.

The recent introduction of vaccination fees, with a fair and proper remuneration in surgery and midwifery, have materially tended to enhance the value of the appointment of "parochial surgeon;" and the only parties that appear to be dissatisfied are those that constitute the boards of guardians, who, in their wisdom, consider that the commissioners have been too lavish in their expenditure towards the medical profession!

I am, Gentlemen,
Your obedient servant,
A Country Surgeon.
August 31, 1843.

RETROSPECT OF THE MEDICAL SCIENCES.

PATHOLOGICO-CHEMICAL INVESTIGATIONS.

(Continued from p. 496.)

5. *Urine in Diseases of the Spinal Cord.*—It is well known that in affections of the spinal cord, as also of the brain, the urine very frequently comes to have an ammoniacal reaction, and, on adding a free acid, is found to contain a considerable quantity of carbonate of ammonia by its effervescence. It was supposed for a long time that the carbonate of ammonia was formed at the expense of the urea, by means of the latter taking the elements of two atoms of water. However, as other nitrogenised substances also present themselves in the urine, the formation of the carbonate of ammonia may possibly proceed from them; accordingly, I deemed it not uninteresting to ascertain by direct experiment whether the urea has any share in the occurrences of this change or not. With this view I examined, at different times, the urine of a person who was suffering much from spinal disease. At first, with the carbonate of ammonia I detected urea also, in much smaller quantity, however, than in normal urine; afterwards, as the morbid symptoms continually became worse, and the urine was found to be ammoniacal even when secreted, the quantity of the urea became more and more diminished, and on examining the urine once more, which now exhaled a most offensive odor, a short time before the patient's death, I found the quantity of urea so much diminished, that on adding nitrate of potash, it was not till after several hours crystals of nitrate of urea separated from the alcoholic extract of the urinary residue: hence it follows that the formation of the carbonate of ammonia goes on at the expense of the urea. It seems to me important to observe, that in disease of the spinal cord or brain, when, in consequence of the formation of carbonate of ammonia, the earthy phosphates are separated, among these latter the triple phosphate of magnesia predominates in the generality of cases; I previously remarked, that in the resolution of pleuropneumonia I have on some occasions observed sediments merely of phosphate of ammonia and magnesia. In disease of the mucous membrane of the bladder, on the contrary, when the earthy phosphates are separated from the urine, the phosphate of lime prevails. The quantities of the separated earthy phosphates are oftentimes much too great to admit of being accounted for by the precipitation of the ordinary contents of the urine. Dr. Prout remarks, that here a connection takes place between the phosphoric contents of the cerebral fat on the one hand, and the phosphate of lime, and of the mucous membrane and of the mucus on the other hand; these are points which certainly merit attention.

6. *Urine in Scarlatina.*—It is very incumbent on the rational physician to observe the urine in scarlet fever. It is well known how often the dropsy consecutive on scarlatina is indicated by the albuminous contents of the urine: however, I must observe that dropsy takes place after scarlatina without albuminuria, and that, under certain circumstances, though rarely, albuminuria occurs without dropsy following it. But in the case of scarlatina another phenomenon also merits attention — one which has been repeatedly pointed out by Schönlein, and by which the desquamation of the inner mucous membranes is indicated. The signs of desquamation of the mucous membrane of the bladder after scarlatina I have constantly observed, and it seems so much the more necessary that attention should be directed to this interesting phenomenon, and one so important with respect to the course of the disease, as in several cases the desquamation of the mucous membranes precedes that of the external skin; and accordingly, the physician's attention is called to a period of this disease of so much importance. The urine becomes somewhat turbid, and after a length of time throws down a mucous sediment. When this is observed with the microscope, there are observed floating about portions of epithelium, partly single, and partly combined into several shreds. With these signs of desquamation of the bladder I have, moreover, observed those of severe irritation of this mucous membrane in the form of mucus-corpuscles. The cases where I saw albuminuria take place in adults after scarlatina are but few, and I cannot decide whether the albuminuria coincided with this process of desquamation. Another species of desquamation of the internal mucous membrane I have, a little while since, observed in the wards of Dr. Schönlein. A young girl, in whom desquamation of the outer skin, simultaneous with desquamation of the mucous membrane of the bladder, without, however, severe irritation of the kidneys, had occurred, complained of irritation in the organs of deglutition and in the trachea; she coughed up much mucus, and in the spitting-glass there appeared a purulent-looking sediment, which, on more minute examination with the microscope, showed itself, as composed of numberless, partly single portions, and partly of epithelial fragments united in shreds.

I obtained from Dr. Braun, of Berlin, a bloody urine for examination, with the question—whether its physical and chemical qualities were such as would warrant us in inferring the existence of scarlatina? The urine deposited a considerable sediment of a blood-red color, in which four different forms might be recognised—namely, numerous blood-corpuscles, a very large quantity of those cylindrical forms described in Bright's disease, mucus-corpuscles, and a large mass of uric acid separated partly in rhombic crystals, partly in rather large round globules. The cylinders were of smaller width than I had observed them on a former occasion, and all of them were filled with a yellowish, dark, as it were, crystalline contents, which, in their outer appearance, with respect to color and form, bore some resemblance to uric acid separated in globules. These globules themselves might have been taken for the so-called inflammation-globules; they differ from them, however, in this, that on pressure they are commonly broken up into four or more globular fragments; some of the cylinders also admit of being crushed in this way, and from the character of the fragments I concluded with greater probability that the contents were a yellow-colored uric acid. The light red colored urine, which became clear over the sediment, contained a considerable quantity of albumen, and indeed much more than could be ascribed to the blood-serum. From this microscopical and chemical examination of the urine it was quite impossible to determine with certainty on the part of the chemist whether the irritation of the kidneys was the consequence of scarlatina; all that could be said with anything like conviction was that a very violent irritation of the kidneys was present. Dr. Braun was kind enough to make to me the following communication regarding the case itself. A boy, six years old, of a decidedly scrofulous habit of body, voided a blood-colored urine one night, after having first complained of headache during the day; the physician who was called in finds the patient in a low fever, and because his experience of late had led him to observe hæmaturia renalis in children merely as an ordinary precursor or accompanier of scarlatina, he examines him for this disease; however, neither eruption nor angina, neither desquamation or œdema was observed; still the local examination confirmed the existence of renal irritation as perceptible from the urine; the right renal region was very sensible on pressure, and from thence there was violent pain along the abdomen to the umbilicus. Leeches were prescribed, and mild derivatives were ordered. On the next day there was some improvement; the hæmaturia renalis continued for three days; then again an improvement took place. On the night from the twelfth to the thirteenth day of the disease there was again a passage of bloody urine, some of which was sent me for examination; great restlessness; acute hydrocephalus closed the scene on the sixteenth day. Shortly before death the urine flowed copiously, and free from blood; on the second appéarance of the hæmaturia, shortly before death, the pain which accompanied it during the first days did not return. This case is certainly interesting; nor can I feel myself warranted in concluding whether there existed a degeneration of the kidneys, or whether the irritation of the kidneys was occasioned by scarlatina or by the great quantity of uric acid that was deposited. A post-mortem examination, which alone could have thrown light on the subject, was denied.

7. I have had four times an opportunity of observing *a peculiar urinary sediment* in affections of the respiratory organs. This sediment was deposited from neutral or slightly acid urine, and in outer appearance it resembles the lateritious sediment; it is not, however, so highly red, but commonly from a yellow to a yellow brown, and it invited attention chiefly from this circumstance, that it looked like an earthy, coarse-grained, tolerably heavy mass lying at the bottom; When examined with the microscope, various forms, some of them very remarkable, were observed—such as globules covered with points, which were sometimes so large, and their aculei and points so long and so thick, that one might compare them to those of the hedgehog; single globules were also frequently observed, on which the offshoots and points were placed only on one side and seemed to be bent or arched, so that this form might be comparéd to the miller's thumb, whose tail seems sometimes divided, sometimes furnished with thorns. The last time I had an opportunity of obtaining this sediment in larger quantity I examined it more carefully; it was washed on a filter with distilled water, and then dried, upon which there presented itself a yellow-colored powder, which did not attract the moisture of the air; this, when boiled with alcohol, gave off a part of its coloring matter, which, after evaporation of the alcohol, remained behind as a substance soluble in water, which did not change its color when treated with nitric acid or free potass. Water, also, took up a quantity of coloring matter from the sediment extracted by means of alcohol.

On observing, by help of the microscope, in the sediment just described, some crystals of phosphate of ammonia and magnesia, I shook the same, after it had been extracted with alcohol, with some water, to which some drops of hydrochloric acid had been added, and I then washed it for some time with distilled water. With the microscope, however, I soon convinced myself that, even by this short action of hydrochloric acid, the sediment was changed, as a great number of uric acid crystals soon presented themselves, which I had not observed before; a portion of the dried sediment was burnt in the platinum dish, which was accompanied with a development of carbonate of ammonia, and a diffusion of a readily recognised odor of hydrocyanic acid; a very small quantity of carbonate of lime remained behind.

Another portion of the sediment was rubbed up with caustic potash, and exhaled a rather strong odor of ammonia. The acid fluid with which the sediment had been shaken in order to dissolve the phosphate of magnesia, was evaporated to dryness in the water-bath; it left behind a salt, which, when made red hot, was converted into vapor, and left behind only 8 per cent. of a fire-proof residue, which consisted almost entirely of phosphate of magnesia, and a small quantity of phosphate of lime; that which had been sublimed was sal ammoniac; a portion of the sediment having been left for a considerable time in contact with dilute hydrochloric acid, entirely changed its form; after the action of the acid, there presented themselves merely the rhombic tables of uric acid. Hence, it follows that the peculiar sediment consisted of urate of ammonia, with which traces of urate of lime were mixed.

8. *Sputa in Bronchitis.*—In consequence of a very violent attack of bronchitis, the patient expectorated a purulent mucus, in which Dr. Schönlein detected a white, filiform substance, which fell to the bottom; when this was placed in water, it was observed that several long, fine threads, ramifying as from a tree, shot off from the trunk of the white, filiform substance, and ran off in extremely fine terminations, which, on gently moving the vessel in the water, floated to and fro; on placing these in acetic acid, they swelled and became changed into a transparent jelly, which was in a great measure dissolved after digesting for a considerable time; ferrocyanuret of iron produced in this solution a precipitate; under the microscope these threads exhibited the structure of coagulated fibrine. There is no doubt that in this case, in consequence of the inflammation of the bronchi and of their finest ramifications, plastic lymph was effused in the latter, which was expectorated in the coagulated state.—*Beiträge Zur Physiologischen und Pathologischen, Chemie und Mikroskopie, von Dr. Franz Simon, Berlin,* 1843.

BOOKS RECEIVED.

American Journal of the Medical Sciences, for July (in exchange).

TO CORRESPONDENTS.

Newcastle-on-Tyne.—We have to acknowledge the receipt of a Post-office order for *five shillings*, from *Dr. R. Glover*, of Newcastle-on-Tyne, in part payment of a debt of £1 7s.

Mr. Newnham's letter is composed, but we have been compelled to defer its insertion until next week.

Communications have been received from *Carlisle;* from *Mr. Tubbs;* and from *Medicus.*

⁂ Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

WANTED, by a MEDICAL MAN, an IN-DOOR ASSISTANT of good character and respectability, who will be required to Dispense, and occasionally visit Patients.

Apply to Mr. Morris, Chemist and Druggist, Bewdley, Worcestershire.

THE FRIENDS' RETREAT, YORK.—In consequence of recent alterations in this Establishment, there are at present several vacancies for Patients of the higher class, without limitation to the Society of Friends, at from Two to Five Guineas a Week.

Applications may be addressed to the Superintendent of the Retreat, York.

SKELETONS, SKULLS, &c.

A. ALEXANDRE, Foreign Bookseller, 37, Great Russell-street, Bloomsbury, begs to acquaint the Medical Professors and Students that he has just received a fresh importation of Anatomical Preparations, consisting of

Very fine Articulated Skeletons;
Skeletons Inarticulated;
Separated Skulls, warranted perfect, and very white;
Skulls in Sections, showing the Preparation of the Ear;
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In the Press,

ELEMENTARY INSTRUCTION in CHEMICAL ANALYSIS. By Dr. C. REMIGIUS FRESENIUS; with a Preface by Professor LIEBIG. Edited by J. LLOYD BULLOCK, Member of the Chemical Society, late of the Giessen and Paris Laboratories.

WINTER SESSION of LECTURES on OBSTETRIC MEDICINE.—Dr. JOHN H. DAVIS, Physician to the Royal Maternity Charity, will deliver the Introductory Lecture to his Course on the PRINCIPLES AND PRACTICE OF OBSTETRIC MEDICINE (recognised by the Examining Boards) on Monday, October 2, 1843, at his residence, 17, Russell-place, Fitzroy-square.

The Lectures will be illustrated by a Museum, a Series of Diagrams, and by a well-adapted Apparatus (as designed by his late father, Professor Davis), upon which the various operations of Midwifery will be fully taught.

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CHARING-CROSS HOSPITAL MEDICAL SCHOOL, LONDON.—WINTER SESSION, 1843.—October 2nd to end of April.

INTRODUCTORY ADDRESS (2nd Oct.)—Dr. Chowne.
CHEMISTRY—Mr. Fownes, Nine to Ten.
MATERIA MEDICA—Dr. Steggall and Dr. Willshire, Nine to Ten.
DESCRIPTIVE AND SURGICAL ANATOMY—Mr. Hird, Ten to Eleven.
DEMONSTRATIONS—Mr. Hird and Mr. E. Canton.
HOSPITAL PRACTICE,* Twelve to Two.
MIDWIFERY, &c.—Dr. Chowne, Two to Three.
ANATOMY AND PHYSIOLOGY—T. W. Jones, F.R.S., Three to Four.
MEDICINE—Dr. Shearman and Dr. Rowland, Four to Five.
SURGERY—Mr. Hancock, Five to Six.
NATURAL PHILOSOPHY—Mr. Henry Watts, Seven to Eight.

SUMMER SESSION, 1844.—May 1st to end of July.

BOTANY—Dr. Willshire, Nine to Ten.
MIDWIFERY, &c.—Dr. Chowne, Two to Three.
MEDICAL JURISPRUDENCE—Dr. Chowne, Three to Four.

General Fee for all the Lectures required by the College of Surgeons and Society of Apothecaries, Forty Guineas.

* *Physicians*—Dr. Shearman, Dr. Golding, and Dr. Chowne.

Surgeons—Mr. Hancock and Mr. Avery.

Medical Practice, Six Months, £10 10s; Full Period required, £15 15s.

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Full Period, to both Medical and Surgical Practice, Twenty-five Guineas.

Clinical Lectures by the Physicians and Surgeons.

Certificates of Attendance at this Hospital and School qualify for Examination on the respective subjects, at the University of London, Royal College of Surgeons, and Society of Apothecaries.

JOHN ROBERTSON, Hon. Sec.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—Session 1843-44, commencing Monday, October 2:—

Theory and Practice of Physic—Dr. Macleod.
Theory and Practice of Surgery—Mr. Hawkins and Mr. Babington.
Clinical Medicine—Dr. Seymour and Dr. Nairne.
Clinical Surgery—Mr. Hawkins and Mr. Babington.
Anatomy and Physiology—Mr. Tatum and Mr. Henry James Johnson.
Descriptive and Practical Anatomy—Mr. H. J. Johnson and Mr. Henry Charles Johnson.
Materia Medica—Dr. Nairne.
Midwifery—Dr. Lee.
Medical Jurisprudence—Dr. Page.
Botany—Dr. Dickson.
Chemistry—Mr. Brande and Mr. Solly.

A Course of Lectures, illustrative of some important Parts of Surgery, will be delivered gratuitously to the Pupils of the Hospital, by Sir Benjamin C. Brodie, Bart.

The Introductory Address on the opening of the Hospital School, for the Session 1843-44, will be delivered on Monday, October 2, at One o'Clock, p.m., in the Theatre of the Hospital.

Further particulars and Prospectuses may be obtained by applying to the Porter of the Hospital; to the porter of the Hospital Museum; or at the Anatomical Theatre, in Kinnerton-street, Wilton-place.

WESTMINSTER HOSPITAL.—SESSION 1843-4.

The Lectures will commence on October 3, when the Introductory Address will be delivered by Dr. Kingston.

Anatomy and Physiology—Dr. Hunter.
Descriptive and Surgical Anatomy—Dr. Hunter and Mr. Pennell.
Chemistry—Harman Lewis, M.A., Trin. Coll. Cam
Materia Medica—Dr. Basham.
Principles and Practice of Medicine—Dr. Hamilton Roe and Dr. Kingston.
Principles and Practice of Surgery—Benjamin Phillips, F.R.S.
Midwifery, and Diseases of Women and Children—Dr. Andrews.
Medical Physics—C. Brooke, M.B., Cantab.
Forensic Medicine—Dr. Frederic Bird, and W. Hodges, Esq., Barrister-at-Law.
Botany—Dr. Basham and Dr. Frederic Bird.
Practical Midwifery—Dr. Andrews.
Comparative Anatomy—Dr. Hunter.
A Course of Lectures, illustrative of some of the more important points in Surgery, by G. J. Guthrie, F.R.S.

CLINICAL LECTURES ON

Medical, Surgical, and Obstetric Cases, are delivered throughout both Sessions, by Dr. Hamilton Roe, Dr. Kingston, Dr. Basham, Mr. White, Mr. Lynn, Mr. Hale Thomson, Dr. Andrews, and Dr. Frederic Bird.

*** Perpetual Pupils of the School are eligible as Candidates for the offices of Resident House Surgeon, and of Resident Clinical Assistant to the Hospital, with Board and Apartments *free of all expense;* as also for the offices of Assistant House Surgeon and Clinical Clerk. Pupils of the Hospital, and not of the School, are also eligible as Candidates, but their election is subject to the payment of Eighty Guineas for the office of House Surgeon, and Forty Guineas for that of Clinical Assistant.

In addition to the Prizes given in the respective Classes, others will be awarded by Mr. White and Mr. Guthrie.

ST. THOMAS'S HOSPITAL.—The AUTUMNAL MEDICAL SESSION will commence on Monday, the 2nd of October, 1843.

Introductory Lecture—Mr. Grainger, at Two o'Clock.
Medicine—Dr. Marshall Hall and Dr. Barker.
„ the Exanthemata—Dr. George Gregory.
Surgery—Mr. Green and Mr. B. Travers.
Anatomy, General, and Physiology—Mr. Grainger.
„ Descriptive and Surgical—Mr. F. Le Gros Clark.
Chemistry—Dr. Leeson.
Materia Medica—Dr. Risdon Bennett and Dr. Wilks.
Midwifery, and the Diseases of Women and Children—Dr. Cape.
Diseases and Operations of the Teeth—Mr. E. Saunders.
Clinical Lectures, by the Physicians and Surgeons.

The SUMMER SESSION will commence in May.

Pathological Anatomy—Dr. Marshall Hall and Dr. Barker.
Ophthalmic Surgery—Mr. Mackmurdo.
Practical Chemistry, under the direction of Dr. Leeson.
Midwifery—Dr. Cape.
Forensic Medicine—Dr. Leeson and Dr. Risdon Bennett.
Botany—R. D. Hoblyn, A.M., Oxon.
Comparative Anatomy and Natural History—Dr. W. B. Carpenter, of Bristol.

Prospectuses, for further particulars of the Lectures and Hospital Practice, may be had by applying to Mr. Whitfield, resident Medical Secretary.

KING'S COLLEGE, LONDON.—MEDICAL DEPARTMENT, 1843-44.—The WINTER SESSION will commence on Monday, the 2nd of October next, at Two o'Clock, p.m., with an Introductory Lecture, by Professor Partridge.

Descriptive and Surgical Anatomy—Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—R. B. Todd, M.D., F.R.S.
Practical Anatomy is Taught in the Dissecting-rooms, by Mr. J. Simon and Mr. W. Bowman, F.R.S.
Chemistry—J. F. Daniell, F.R.S., and W. A. Miller, M.B.
Materia Medica and Therapeutics—J. F. Royle, M.D., F.R.S.
Medicine—George Budd, M.D., F.R.S.
Surgery—William Fergusson, F.R.S.
Midwifery, and Diseases of Women and Children—Robert Ferguson, M.D., and Arthur Farre, M.D., F.R.S.
Comparative Anatomy—T. Rymer Jones, F.Z.S.

SUMMER COURSES.

Botany—Edward Forbes, F.L.S.
Forensic Medicine—W. A. Guy, M.B.
Chemical Manipulation is Taught in the Laboratory, by Dr. W. A. Miller.

KING'S COLLEGE HOSPITAL.

The Hospital is visited daily at Half-past One o'Clock. Clinical Lectures are given every week by the Physicians, Dr. Budd and Dr. Todd; and by the Surgeons, Mr. Fergusson and Mr. Partridge. The Physicians' Assistant and Clinical Clerks, the House Surgeon, and Dressers, are selected by examination from the Students of the Hospital.

Residence of Students.—A limited number of Students may be accommodated with rooms in the College, and some of the Professors receive students into their houses.

Any further information may be obtained upon application to the Dean of the Medical Department, or to the Secretary, at the College.

August, 1843. J. LONSDALE, Principal.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 156.] LONDON, SATURDAY, SEPT. 23, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

ON POLYPUS UTERI.

By P. Murphy, M.D., of Liverpool.

Polypus uteri is a rare disease. Many medical men have passed a long life in extensive practice without this complaint having once fallen under their observation. Through the kindness of my medical friends, I have had the opportunity of treating several cases. It is understood that the diagnosis is easy, and that the disease can be mistaken for inverted uterus only; but the polypus, when small, I have known to be mistaken for prolapsus, and in two instances I have met with fibrous tumors presenting almost all its characters, filling nearly the whole of the vagina, and having only a narrow attachment to the angle behind the posterior lip of the os tincæ, and uppermost part of the vagina. Of these tumors, the first which presented itself to me I attempted to surround with a ligature, and it was only after a failure that its exact nature was ascertained. A few cases, briefly related, may serve to confirm what is already known of its nature and treatment, and also aid in coming to a conclusion in what manner it may be most easily and safely removed.

Excision.—Mrs. F., aged thirty nine; May, 1838. Has had two children. Profuse discharge of blood from the vagina, during and occasionally in the intervals of the menstrual period. Leucorrhœa: This discharge is *slightly* fœtid, and gushes out when she rises, after having been in the recumbent position for a few hours. Loss of blood always follows a long walk, which her business, as a hawker of soft goods, requires; a dragging sensation in the loins; great debility; feet œdematous; face pallid, and other symptoms of anæmia. Three years since was delivered of a healthy child; fourteen months afterwards the child was weaned, and the menorrhagia then commenced, which she attributes to her time of life.

A polypus, the size of a large plum, soft, compressible, and attached to the inner surface of the anterior lip, is easily detected; os tincæ so dilated as to readily admit the point of the finger. The tumor was easily seized near its origin between the thumb and two fingers of the left hand, and drawn down so as to be partially visible. She immediately vomited, and complained of faintness. It was divided with the convex, probe-pointed scissors, used for the removal of enlarged tonsils. The resistance scarcely equalled that of the liver. There was neither pain nor hæmorrhage.

Four hours afterwards hæmorrhage commenced, and before I arrived her state was alarming. The vagina was filled with strips of lint wet in alum water; the feet were raised, and the head placed below the horizontal position; cordials were freely exhibited, and she slowly rallied. The tampon was renewed in twenty-four hours, and in about ten days she was sufficiently strong to attend to her domestic duties.

Ligature.—A case nearly similar to the preceding was treated by a ligature. On the fourth day the instrument and the polypus were found in the bed. A perfect recovery followed. The ligature was preferred from apprehension of hæmorrhage.

Torsion.—Mrs. M., aged forty, has had seven children. August 1, 1838. During the last twelve months profuse leucorrhœal discharge, without fœtor, and occasional menorrhagia; anæmic symptoms; great debility; œdema of feet. A firm polypus, the size of a turkey egg, with a very narrow pedicle attached to the posterior lip of the os tincæ, is easily felt. It was seized in a lithotomy forceps, and strongly twisted on its axis both ways previously to its being excised. Accidental circumstances induced the postponement of the operation for about a month, when it was found that not the slightest trace of a polypus remained. The woman stated that very little blood escaped since the last visit, but that ten days afterwards a dark clot came away, which gave great relief from an uneasy sensation in the loins, and that since she has been gradually improving.

Ligature.—Mrs. S., aged forty-one. August, 22, 1840. Has has eight children. A tumor, the size of the fœtal head, smooth, firm and painless, fills the vagina, presses on the urethra, and impedes the flow of urine; the anterior lip of the os tincæ cannot be reached with the finger; a profuse, fœtid, chocolate colored discharge, of twelve months' duration, constantly escapes from the vagina; flooding for the last three years; emaciation; perspires frequently great exhaustion; syncope on exertion; has slept but little for the last fortnight; thirst distressing; tongue natural; pulse ranges from 128 to 144; bowels constipated. The catheter has been required for some time.

The bowels were opened by an enema. A double thread ligature, waxed, was applied with the aid of Gorch's canula. The first ligature having given way, it was renewed with very little difficulty; not the slightest pain followed or attended the tightening. A morphia draught; moderate diet; quinine mixture.

30. Discharge continues; the ligature has been daily tightened; urine flows freely. Full diet.

Sept. 5. The instrument is loose; the polypus could not be removed, neither by a tenaculum nor by the large lithotomy forceps. The midwifery forceps was next introduced, but the rolling of the tumor prevented its locking. One blade was reintroduced with its concavity towards the rectum, and was passed over the tumor, protruding it to the external orifice, but the expulsion could not be completed until the finger was passed into the rectum, so as to meet the extremity of the blade, when, after some delay and much pain, the tumor was forced out.

11. Discharge ceased; pulse 118; feels stronger. To get up.

Ligature.—Mrs. C., aged forty-three. June 12, 1840. Married, and has had a family. A large pyriform tumor, the size of a closed hand, occupies the vagina. On separating the labia, the tip of the tumor, which is very narrow, is seen of a dark color, nearly similar in appearance to that of the umbilical cord. Menorrhagia three years; the blood flows for several hours, and more especially at the menstrual period. A transparent discharge, which stains her linen; no pain; urine escapes freely; tumor insensible; bowels open; face pale; œdema of eyelids and ankles; dyspnœa and palpitation on exertion; profuse perspirations; emaciation; vision and hearing impaired; pulse 108; the pedicle is within the os tincæ; the body of the uterus cannot be reached posteriorly.

14. With the aid of Gooch's canula the tumor was easily surrounded by a waxed double thread ligature. No change of color took place.

19. Has had an attack of bronchitis, which yielded to a solution of tartar emetic; pulse 100.

21. On yesterday was ordered ale, which was too freely taken; a severe rigor ensued, followed by perspirations. To-day there is vomiting, and a tenderness of the abdomen, especially in the hypogastric region. The diet was lowered; calomel and opium were freely given, and on the succeeding day the vomiting and pain had ceased. The ligature was then tightened, and the diet increased.

25. The canula was removed without effort; the discharge has been fœtid since the operation; the polypus is shrunk; pain is felt in the epigastric region.

26. The pain continued, increased, and was attended with vomiting. Owing to a mistake on the part of the friends, no remedies were used, and she died at half past two o'clock, a.m.

Necrotomy.—Abdomen distended; adhesion of the peritoneum was general, slight, and recent, but more firm in the pelvic region; some sero-purulent fluid in its cavity. Liver small and pale. Left ovary converted into *numerous thin, transparent cysts*, containing a viscid, straw colored fluid. Right ovary could not be traced, but in its site, and close to the uterus, was an abscess, which had given way, and, on being fully opened, its walls were found gangrenous. It was removed along with the uterus, and it was plain it had no communication with any of the viscera. It was evidently gangrene of the ovary. The uterus was thrice its usual size. On being opened, the attachment of the polypus was inferred to have been on the posteror surface beneath and between the Fallopian orifices, and about one inch above the os tincæ, for there was a rough, flocculent appearance, about the size of a crown-piece, and resembling that which is noticed when the placenta is removed. The polypus lay loose in the vagina, and it required some degree of force to draw it through the os externum with a tenaculum. Not the slightest portion of it could be discerned in the uterus. Her death was solely attributable to a gangrenous abscess of the ovary, bursting into the abdominal cavity, and it is remarkable that this should have taken place almost simultaneously with the detachment of the polypus. I subsequently learned that she was a woman of intemperate habits and licentious passions. The appearance of the ovary is curious, as supporting the observation of Dr. Davis, in his Obstetric Medicine, "that in cases of nymphomania the ovary has cysts.

I have treated seven cases of polypus uteri; the termination of all was favorable, excepting that just related. In each case the woman was married, had a family, and had not ceased to menstruate. The symptoms were similar—namely, hæmorrhage and leucorrhœa, producing anæmia. The discharge, unless retained by the size of the tumor, was not *fœtid;* and this need not excite surprise, as the surface of the polypus is similar to that of the lining membrane of the uterus.

If a female, after having ceased to menstruate for four or five years, is then attacked with a discharge of mucous blood or pus from the vagina, it may be regarded almost as a fatal symptom. Even if, on examination, the os tincæ be found perfectly healthy, the diagnosis must be guarded; for I have notes of three cases in which, after death, the discharge was traced to ulcerated cancer of the intestines opening into the body of the uterus. Polypus is sometimes a cause of premature delivery. A gentleman sent for me to aid him in checking hæmorrhage after such a case. The placenta was retained, and, as he imagined, adherent; the polypus and placenta were partly in the vagina; there was some difficulty in suppressing the hæmorrhage; and I heard afterwards that she was successfully operated on in Manchester. The removal of a polypus is attended with very little danger or difficulty. If small, it is soft and vascular, its shape is nearly circular, and the ligature does not hold on well, and if excised, there is the risk of hæmorrhage. This is dangerous, for the slightest *sudden* loss of blood from an operation cannot be well borne, as the woman is anasarcous and exhausted before she submits. However, this may be easily guarded against by filling the vagina with lint or tow, and if torsion be previously practised, the security is increased. The advantages of excision are—its facility, its speediness, its sparing both the patient and the operator the disagreeable task of tightening the ligature daily, its confining the sufferer a shorter time in bed, but, above all, its not being attended with that fœtor which contaminates the bed-chamber, and exposes her to an attack of low fever, similar to that generated from the non-ventilation of the lying-in chamber, and which is the unavoidable consequence of the ligature.

When the polypus is very large the ligature must be employed, as it is impossible to reach the pedicle either with the knife or the scissors, nor can we draw it through the os externum. The surrounding it with a ligature is not difficult, for I readily succeeded, but its removal when detached is troublesome. Dr. Gooch mentions one or two cases where uterine pains came on, and assisted the expulsion, and in another he succeeded with his hand.

A tenaculum is not sufficiently strong, and, moreover, sharp pointed instruments should be avoided. On the other hand, it is very difficult to fix the tumor longitudinally in a forceps. In Mrs. S.'s case an expert accoucheur was several times foiled in the attempt to place it between the blades of the midwifery forceps. Some risk must be incurred from the liability to which the canula is subject, of being rudely pressed against the uterus. When Mrs. C. was first attacked with peritonitis, she became so restless that I contemplated its removal, not from any apprehension that the ligature had produced the disease, but lest in her struggles the uterus might suffer; and I admit that, had I not made a post-mortem inspection, I should have been in doubt whether such a mechanical injury had not produced the fatal result.

The polypus is reduced in size soon after the application of the ligature; this was noticed in Mrs. C.'s case, as the catheter was not required after the fifth day. After an operation the diet should not be lessened; on the contrary, we cannot too soon commence a tonic treatment. The recovery is generally rapid. From the history of these and other cases we may conclude—

First, That polypus is not a disease of the virgin state.

Secondly, That it usually appears before menstruation ceases.

Thirdly, that it is more frequently met with in the parturient than in the barren woman.

Dr. Gooch mentions a case of polypus in an unmarried woman, and also one in a woman fifty-five years of age. The experience of the medical men here, with whom I have conversed on this subject, is similar to my own.

When an artery is tied, the portion above the ligature as far as the next branch becomes obliterated, and the vitality of the neighbouring parts would be lost, only for the collateral circulation; as a ligature thrown round a polypus obliterates its vessels as far as the uterus; and as there is no collateral circulation, it is evident that the portion between the ligature and uterus must die and be separated.

3, Upper Parliament-street, Liverpool.
August 29, 1843.

FURTHER
OBSERVATIONS UPON MALARIA.

By Edwin Morris, Esq., Surgeon, Spalding.

Malaria is more prevalent during a continuation of fine weather than at any other time. This I have repeatedly observed, and it is to be attributed to vegetable decomposition going on more rapidly. When the drains are nearly empty of water, and the dead reeds and weeds are fully exposed to the sun, the water is gradually evaporated, and a thick slime is left at the bottom of the ditch, which is continually bubbling up, and emits forth a most disagreeable odor, which may be perceived at a great distance in the direction of the wind. If we are long without rain, the slime becomes dry, and large fissures are observable in various directions, out of which an abundance of deleterious gas ascends, for the mud is a concentrated mass of vegetable corruption, and is in the most favorable state for the production of it. In the beginning of the autumn of 1842, we had a succession of fine weather; the drains became quickly empty, at a time, too, when vegetable life was fast losing its vitality. I never knew malaria so prevalent as at this time, particularly in certain localities. Where a large drain had been neglected cleaning out in one place, this was most remarkable; a large sewer extends about a mile along its bank; a number of cottages are erected for the whole distance, and it is the receptacle for all the refuse from them. The stench from this drain was beyond description; families after families were suffering from malaria. Application was made to the proper authorities for leave to draw up a sluice, so as to admit the water from the river Welland, when the tide flowed. Permission was granted, and at the next flow of the tide the water ran rapidly through the drain, and well scoured it out; but, during the time of its doing so, the neighbourhood could scarcely be borne, so intolerable was the stench. Several of the parties suffering from the malaria this produced recovered, after having been violently purged from the effects of it. At last one poor woman, the mother of a large family, and who had been suffering from malaria upwards of ten days, was attacked with symptoms of continued fever; this proved the worst case of typhus fever I ever saw. The husband caught it, and the whole of the children; the youngest child died. The nurse who waited upon them fell ill, and the whole of her family had it also; they all recovered. The woman who attended to them went home ill; she resided a mile from them, in quite a different direction, in a small yard where there were four houses, occupied by poor families. Not one in the yard escaped, and four people fell victims to this terrible disease; two out of the number died from ulceration of the bowels during the latter stages of the fever, and the others from exhaustion. In all the above cases violent delirium was present, which lasted several days, and few escaped without sloughs forming over the sacrum. One poor boy had an immense abscess formed in the right axilla; he had afterwards one over the region of the liver: they both got well. Others afterwards formed upon the right leg; the tibia became diseased, and he is suffering from necrosis of that bone at the present time.

The above cases are some of the frightful results of persons originally affected with malaria. It behoves us, therefore, to be indefatigable in our researches as to the cause of it, and to endeavour, if not totally to eradicate, in some measure, at least, to abate its baneful influence. This summer, owing to the quantity of rain we have had, the drains have remained full, consequently we have had less malaria; indeed, I never knew so healthy a season as we have had in this neighbourhood. There is a small town a few miles from us which is notorious for fever, and of the worst kind. A large drain runs through the very centre of it, and is arched over in the town; but before it reaches there it runs at the back of some poor cottages, and receives the whole of the filth and dirt from them, which is allowed to accumulate and rot. After a heavy fall of rain a portion of it is washed down into the tunnel which goes underneath the main street of the town; at certain places there are grates to admit the water from the street into it, and after a few days fine weather the stench from these different openings is unbearable. No wonder that fever should be so very prevalent in this little town, whilst such a dangerous nuisance is allowed to exist, and the inhabitants dwelling in the midst of it. It is deplorable to see certain physical causes of fever in this country, which might be removed by proper sanitary measures. "The annual slaughter in England and Wales, from preventible causes of typhus, which attack persons in the vigor of life, appears to be double in amount of what was suffered by the allied armies in the battle of Waterloo."* I have observed that persons suffering from typhus fever, primarily caused by malaria, give out malaria of a more virulent and contagious character than that which originally induced it. The cases I have previously alluded to fully corroborate this; if it were needful I could bring forward ample evidence that neglected sewers and ineffectual drainage were the great cause of malaria, for sewers have been filled up, stagnant water removed, and good drainage effected, in the very localities where fever never was absent before the above means were adopted, but have since become a healthy district. This is fully exemplified in the town of Spalding. Several years ago an open drain, called the Westlode Drain, ran through a portion of the town, and which was the receptacle of all kinds of filth; I am given to understand that fever was always present in the streets contiguous to it, but that since it had been completely filled up it had become a very healthy part of the town. The effluvia arising from the putrescency of animal matter is not of that deadly character, and has not the same injurious effect, as the effluvia arising from decayed vegetable matter. I am backed in this opinion by that profound thinker and philosopher Parent-Duchâtelet, whose researches into the causes of fever are most elaborate. He states that at Montfaucon, a short distance from Paris, there is an establishment for the slaughter of horses; it is supposed that more than 12,000 are brought there annually, and the several parts of the animal prepared for different uses. He says, "The nature of the operations which are practised in those yards, the fœtid emanations which proceed from them, and the disgusting and destructive animals of which they favor the increase, have always made them to be considered as dangerous places, which ought to be far removed from habitations. In reality, nothing can be compared to the fœtid effluvia produced by these establishments; everything there announces negligence and barbarism; their aspect alone induces one to draw back with horror, and one asks himself, on beholding them, if he be actually in the nineteenth century, and at the entrance of a city which makes pretensions to be the capital of the civilised world."† One would suppose that the horrid effluvia emanating from this immense collection of putrid animal matter would be productive of the worst kind of typhus, but such is not the case; Duchâtelet affirms that the persons employed in these yards are robust and very healthy, and attain a good old age, and fever is very rare amongst them, or in the neighbourhood. Every surgeon is aware what disgusting places our dissecting rooms are, and yet how rarely is the health of those exposed to it affected! There can be no doubt of the great difference in the quality of the effluvia produced from marshes and those from putrid animal matter; the marsh miasma exerts a most deadly influence upon the system, it lowers the pulse, it prostrates the strength, and affects the mind, and renders life miserable indeed. I am fully persuaded that one-half of the diseases we are called upon to treat in the fens of Lincolnshire are caused by malaria; its effects upon the nervous system are most striking, and we have a train of singular phenomena produced by it; there is not a question but it is the primary cause of all our fevers, and, with few exceptions, I have always been able to trace it. I do not not wish to be understood that all persons suffering from typhus fever were primarily affected with malaria, and that it was, *per se*, the cause of it, because, when once a case of typhus occurs, it is rapidly afterwards propagated by contagion. There are certain circumstances which render people more liable to be attacked with malaria —viz., a scanty supply of good and wholesome food› filthiness, and improper ventilation; also a moist state of the atmosphere is favorable to its diffusion. Males are more frequently the subject of malaria than females; strangers are much more liable to suffer from it than natives of the fens, and few escape having slight attacks of it before they become thoroughly acclimated; others, again, who are always obliged to return to their own country, and many there are who fall victims to its pernicious effects. I have frequently been called to patients that have fallen down in a fit, and have remained insensible for a time, who have been for some time previously suffering from malaria; their fits have always been preceded by coldness of the hands and feet, with pain in the back; chilliness comes on, with dizziness in the head; they then suddenly lose all recollection; these attacks generally take place soon after they get up in the morning. I was last week called to a woman, aged thirty years, of a plethoric habit of body; she has had all the symptoms of malaria upon her for some time, and has had great difficulty in attending to her work. She had been washing all day; about four, p.m., a chill fit came on, the hands and feet were cold; whilst walking across the room she fell senseless on the floor; when I saw her she was upon the bed, and three people holding her down; she was struggling violently to get from them; she had torn her cap off, and attempted to pull the hair from off her head; she raved and talked to persons she fancied were running about the room; after repeating a question several times, she would give me a sensible answer; she would, a few minutes after, scream and struggle violently; her pulse was feeble, and 64; the feet and hands were very cold; the face was flushed; and the head very hot; the pupils were dilated. I had a thick towel dipped in cold water, and then applied it upon the head; the heat of the head was so great that a complete vapor arose from the towel; when it became warm I immediately changed it; she expressed that she felt great relief from it, and wished it be continued. In about two hours she became perfectly sensible. I gave her a brisk purgative, which cleaned out the bowels, and afterwards quinine was given. She recovered very rapidly. People frequently apply to us to be bled for the pain in the head when suffering from malaria. I have seen patients bled under such circumstances, and after the abstraction of a few ounces of blood, they faint; the collapse after is very great; the blood is exactly like treacle, and flows out of the vein very slowly; in such cases it is a long time before they recover the shock produced upon the system by it. Persons suffering from malaria, or predisposed to it, will not bear the loss of blood. I always avoid depletion as much as possible; indeed, I never have recourse to it except in extreme cases, and then only locally. I have had a young female under my care who suffered severely from malaria; for upwards of a fortnight she was quite insane; as soon as ever the malarious symptoms left her she became quite rational; she had not the slightest recollection of what passed during the time of her temporary insanity. Upon inquiry, I ascertained that none of her family had ever been insane. I have seen patients lie insensible for several days, and appear as though they were under the influence of opium, but as soon as ever the malaria is removed from their system they recover. There is one symptom which is always present, and it is of great importance that this should be remembered, especially if it is supposed that the party has taken opium—the *pupils* are always dilated, and contract upon the approach of a candle. In concluding this paper, it may be as well to remark that I have been at great pains to collect the above information respecting malaria, and that whatever novel conclusions I may have come to as regards its peculiar effects upon the system, it is after a long-continued actual observation of the disease in a number of cases. As it is undoubtedly the primary cause of typhus fever of a character peculiar to this fenny district, I purpose, in a future communication, to give the history of it, and the treatment which has been found most beneficial.

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* Mr. Chadwick's "Report on the Sanitary Condition of the Laboring Population of Great Britain," p. 3.

† Hygiene Publique, ou Memoirs sur les Questions les plus Importantes de l'Hygiene appliquèe aux Professions et aux Travaux d'Utilite Publique, tom. ii, p. 123-4.

Spalding, Lincolnshire.

VILLITIS INTESTINALIS PUERPERA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—As I have lately met with two cases of severe inflammation of the mucous coat of the intestinal canal, which occurred in child-bed, and which I cannot find accurately laid down by writers on midwifery, I take the liberty of sending them to the Provincial Medical Journal, with some subsequent remarks on the subject.

I remain, Gentlemen,
Your very faithful servant,
W. S. Oke, M.D.
Southampton, September 1, 1843.

Mrs. ——, aged forty, of stout make and relaxed habit, the mother of seven children, was delivered of her eighth child in January of the present year. The labor was more tedious than her former ones, from the presentation being that of the breech. The child was born asphyxiated, and its vitality was restored with great difficulty. The placenta was of large dimensions, and its expulsion was attended with a *profuse* and *alarming* hæmorrhage. The uterus was immediately grasped and kept contracted, which prevented any farther material loss of blood. She, however, continued to be so faint from the hæmorrhage, that it was necessary to administer constant supplies of the strongest stimuli in fluid nutriment for hours together, to sustain even a feeble action of the heart. At length she rallied, the pulse remaining feeble and frequent, and the faintness recurring at intervals for a considerable time after her delivery.

On the morning of the third day she was seized with a rigor, which was followed by pain at the lower part of the abdomen, and soreness under deep pressure, and by diarrhœa. The heat of the surface was not much above the normal temperature, and the skin was moist, but the tongue was furred, and the pulse 130 in a minute. The urine was high-colored; the uterine discharges were interrupted; there was no lacteal development, and no fond solicitude about her child, although she had ever been one of the best of mothers.

After a gentle laxative, the treatment consisted of moderate doses of mercury with chalk, and opium, with a farinaceous and mucilaginous diet. By these means the pain was relieved, but they did not in any degree restrain the diarrhœa; the latter, indeed, was very harassing, and the fæcal evacuations were charged with a slimy mucus, occasionally streaked with blood.

As she became extremely weak, and her mind began to wander, every effort was made to lessen the diarrhœa. The chalk mixture, combined with kino and laudanum, was given after every liquid stool; fomentations were laid over the belly; starch glysters, with full doses of the tincture of opium, were from time to time thrown up the rectum, and her strength was supported by stimulants and nutritious food. No improvement resulted; the diarrhœa continued with unabated frequency, and the stools were foul, sanious, and slimy. The pulse was at a fearful height; her snatches of sleep were disturbed and delirious, and her strength was prostrate; at the same time there was no abnormal heat of the skin, no vomiting, no meteorism, and no abdominal pain, nor even soreness, except under deep pressure.

On about the sixth day of the disease she complained of painful deglutition, and, on examining the throat, the internal fauces and soft palate were covered with aphthæ. These were soon removed by a gargle of the mel rosæ, and a dilute solution of the chloride of lime; but on the following day, after another severe rigor, a more numerous crop succeeded. This effectually put a stop to all nourishment, and precluded all hope of her recovery. She gradually sunk, and died on the eleventh day of the disease.

Mrs. ——, aged twenty-seven, tall and well formed, was delivered of her first child at the full period of gestation, in July last. Her labor, both with regard to the child and placenta, was normal. On the second day after her delivery she complained of acute pain on the left side of the lower part of the abdomen, which was soon associated with a rapid pulse, foul tongue, hot skin, high-colored urine, and diarrhœa. The lochial discharge ceased, and the breasts were flaccid, and without milk. There was *soreness* of the affected part of the abdomen under pressure, but not that exquisite pain felt by the slightest pressure in puerperal peritonitis. There was no meteorism nor infiltration into the peritoneal cavity.

She was treated, in the first instance, with local bleeding, fomentations to the belly, and with calomel and opium; but, as the smallest dose of mercury seemed to aggravate the condition of the mucous coat of the bowels, and increase the diarrhœa, this medicine was withdrawn altogether. Absorbent medicine, combined with catechu, was given after every liquid stool, and full doses of morphia at bed-time. Leeches were repeated as often as any return of pain required their application; her diet was demulcent.

Notwithstanding these means, the diarrhœa was unrestrained; it continued frequent and exhausting, and the stools were foul, and thickened with slimy mucus. Her countenance became anxious; the eyes were sunk into their orbits, from the absorption of their adipose support; the pulse rose to 130 in a minute; she could get no sleep; debility fearfully increased, and the most unfavorable prognosis was entertained.

Under these threatening circumstances, her medical attendants decided on making trial of the diacetate of lead, combined with opium. A grain of the diacetate and a grain of opium were immediately given, and the same dose repeated every two hours whilst the diarrhœa required it; at the same time, the cretaceous mixture was to be given after every liquid stool, as before.

This treatment soon produced the happiest effect. From the moment the diacetate of lead was taken, the diarrhœa gradually subsided; her sleep returned, and in forty-eight hours the pulse fell from 130 to about 96 in the minute. The dose of the diacetate and opium was of course diminished, and the intervals of giving it protracted as the symptoms yielded to its use; in short, under the saturnine treatment she completely recovered.

REMARKS.

Although there was no opportunity of ascertaining the fact in the first case by dissection, it is, I think, sufficiently evident that the symptoms in both were caused by inflammation of the villous coat of the bowels, beginning probably in that of the small intestine. It is also probable, from the streaks of blood in the stools, and from the apthous condition of the fauces observed in the first case, that there must have been in this superficial ulcerations along with the inflamed state of the membrane; but whether there was the same result, in a less degree, in the second case, I am not able to say. The slimy character of the stools, and the obstinate resistance of the disease to the medicines first prescribed, would lead to that conclusion.

When diarrhœa, as the result of ulceration of the mucous coat of the intestines, begins to take place, I know of no symptom more uncontrollable by any mode of treatment that had hitherto been adopted.

It is singular that certain preparations of mercury, combined with opium, so beneficial in ordinary cases of diarrhœa, and also in some cases of cholera, should so completely fail in diarrhœa associated with denudation of the villous coat of the intestines. A young man, a butcher by trade, had a long-continued diarrhœa of fæcal matter, mingled with sanies. There was no organic stricture that could be detected. As every possible means had been tried in vain, I resolved to bring the system under the action of mercury, in the hope of causing the ulceration to heal. Accordingly, by means of the blue pill, combined with opium, he was kept in a state of ptyalism for a considerable time, but it had not the slightest effect on the disease.

My attention was first drawn to the efficacy of the diacetate of lead in diarrhœa by Dr. Graves' excellent work on Clinical Medicine, and it appears that his attention to it had been awakened by Dr. Bardsley, of Manchester. Dr. Graves, after having lost all confidence in calomel for the cure of epidemic cholera, thus writes (page 697):—"It was, however, a question of deep anxiety to me what I should select instead, or to what article in the materia medica I should have recourse, when so many had proved utterly valueless. About this period I happened to be called on to attend a case of obstinate diarrhœa, with my friend Dr. Hunt. The case was an extremely harassing one, and had resisted all the ordinary remedies. I advised the use of acetate of lead and opium in full doses; this was given, and I had the satisfaction of finding that the diarrhœa soon yielded. Before this period I had received a letter from that able practitioner and excellent man, Dr. Bardsley, of Manchester, directing my attention to the use of acetate of lead in large doses in that form of diarrhœa which precedes and accompanies inflammation of the glands of the small intestines."

The result of the second case above related—and a *very strong case it is*—enables me to bear testimony that the diacetate of lead is also an effectual remedy in acute puerperal villitis, associated with diarrhœa, and a pulse of 130 in a minute—a disease which no other remedy could combat, and which, in all human probability, would soon have destroyed the patient.

Had Dr. Graves' work been published when my first case occurred, I should have advised the trial of the diacetate of lead in that also, although, from the extremely exhausted condition of the patient, it might not so happily have succeeded.

Upon looking into Dr. Gregory's "Elements of the Theory and Practice of Medicine," I find this disease accurately described by that able physician, under the title of "Enteritis Mucosa," fourth edition, page 284, where he says "that the disease, though by no means uncommon, has hitherto remained without any appropriate designation from nosological writers." He states also, that "Dr. Pemberton was the first author who treated of it as a distinct disease." Dr. Pemberton calls it "inflammation of the mucous membrane of the intestines."

This clearly proves that I have not communicated to your Journal a disease which had been before unnoticed; but, at the same time, I am not aware that any writer has before described it as a *distinct disease occurring to the puerperal state,* and I am truly gratified that I have it in my power to recommend a remedy for so serious an attack.

CASE
OF
DOUBLE MONSTER,
BORN AT THE FULL PERIOD OF GESTATION.

By E. Allen, Esq., Surgeon, York.

I was called on Friday, the 1st of September, 1843, at seven o'clock, a.m., to Mrs. T., aged thirty-six, in labor. She is the mother of seven children, five of whom are living; two have died of acute hydrocephalus at the respective ages of five and three years. The youngest child, at present two years old, cannot walk nor articulate any words. The mother has suffered much during her last pregnancy, and for some time has thought she was going to produce twins. When I saw her the membranes had been ruptured about half an hour, the os uteri was dilated to the size of a crown-piece, and the vagina was well lubricated. The head presented naturally, and a speedy termination of her labor was expected. In her former labors the child has been expelled shortly after the rupture of the membranes; the passage of the head was, however, extremely slow, and it was noon ere the head began to press upon the perineum. The face was directed towards the sacrum. The extreme slowness with which the head advanced induced me to administer a scruple of the ergot of rye, the passages being well dilated. The intensity and duration of the pains were increased, but little effect was produced upon the expulsion of the head. After waiting two hours longer the vaginal secretions began to alter their character, and became dark colored and scanty. I now placed the patient upon her knees in bed, resting upon an attendant, at the same time I supported the perineum. After a few active pains the head was expelled. She was now placed upon her side, and allowed a short rest. The child was dead; the left arm was brought down. On feeling for the right arm, I was puzzled to find a large, soft body, under which I could pass my finger. I used considerable traction; the perineum became very much distended, and after much suffering a second head made its appearance. This head was expelled, bent down upon the right side of the thorax, and emerged under the pubes, the trunk of the child resting upon the perineum. An hour and a half elapsed between the birth of the two heads. The trunk of the child now quickly followed. The placenta, which was a very large one, was expelled about twenty minutes after the child. She has recovered well.

Examination of the Child.

It is a female infant; its weight ten pounds; there are two upper and two lower extremities. The circumference of the first head is fourteen inches, the second head thirteen inches; the thorax measures fourteen inches in circumference; the second head and thorax, in the position in which it was expelled, nineteen inches. Upon removing the sternum the thymus gland was found to be double. There were two hearts contained in one pericardium, which was adherent to the sternum; the right heart was somewhat smaller than the left; each heart gave off an aorta and pulmonary vessels, which supplied their respective sides. The lungs consisted of three lobes on the right side and two on the left. The œsophagi terminated in a stomach on either side, which united at the duodenum. The pancreas was double. There was but one spleen, situated on the left side. The liver was single, but had two gall-bladders. The viscera were single below the duodenum. The vertebral columns united at the commencement of the lumbar vertebræ.

A preparation of the child will be made and deposited in the museum of the York Medical School.

York, September 16, 1843.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, SEPTEMBER 23, 1843.

We were accidentally prevented last week from laying before our readers an account of some proceedings that have recently taken place in the North of England. It is our duty to notice them, although we do so with feelings of mortification that will be amply shared by all who have the respectability of the profession at heart.

We will first state the facts of the case, as we gather them from the Carlisle papers, and then dismiss the matter with as few observations as possible.

James Clarke, a husbandman, in his fifty-first year, had for some time been affected with a gradually increasing pain and lameness of the left leg and thigh, which he attributed to rheumatism. On the 19th of October, 1842, he became an out-patient of the Carlisle Infirmary, under the care of Dr. Barnes, who, on examination, pronounced him to be affected with chronic rheumatism; but as he had more pains in the hip and thigh than in any other part, he entered the case in his book as one of rheumatism and *morbus coxarius*, meaning by the latter term chronic inflammation and contraction of the ligaments of the joint. The patient came to the infirmary once a-week in a cart; the remedies adopted by Dr. Barnes were blisters to the painful part of the thigh, a mixture containing oil of turpentine, cupping, tartar emetic ointment, and on the 7th of December a small bleeding from the arm, a dose of Dover's powder at night, and some salts in the morning.

As, however, no benefit was derived from this treatment, Clarke became an in-patient on the 14th of December, still under the care of Dr. Barnes. His case was entered as one of rheumatism. The treatment consisted in cupping, warm baths, calomel and Dover's powder at bedtime, and quinine; the blisters also were repeated, and one or more were applied to the *knee*. Dr. Barnes did not think it necessary to confine him to his bed, but suffered him to walk about the ward. He considered that rest was not necessary; that there was no inflammation of the synovial membrane, or of the cartilages, but only of the ligaments; and that, therefore, it was not requisite to confine him to his bed; on the contrary, the patient said that the heat of the bed increased his pain, and Dr. Barnes thought he would have died had he been confined to it.

The patient left the infirmary at the end of four weeks; and from an impartial review of the evidence before us, it certainly does not appear that he was any better that when he entered it. It is true that on being presented to the committee on his departure he expressed himself grateful for the kindness he had received, saying that he felt relieved; and he received a form of thanksgiving for relief, which was read in the church; Dr. Barnes also thought him in a favorable state, and that although his lameness might last, yet that he might live for years. The matron says that he expressed himself better, and she thought that he walked less lamely; for he was assisted *up* the steps by his friends when he came, but walked *down* alone with the aid of two sticks when he left (rather an odd comparison, by the way). The nurse says that he thought himself better, and John Davidson and John Graham both declare that he thought himself better, although not so well as he could wish.

But although his report to the people connected with the infirmary and to the two last-named persons (with whom he does not appear to have been very intimate) expressed some degree of relief, yet the evidence of his wife shows that he did not find himself any better. Farmer Sewell, too, asserts that he was much the same when he came out as when he went in; that he said he was not a bit better, and thought there was "no betterness for him in this world."—Thomas Todhunter, also, who was an out-patient at the same time with Clarke, and used to go with him in the cart to the infirmary, saw him the evening he left, and thought him no better. Now, if these conflicting statements are carefully balanced, we may pretty safely conclude that the benefit derived was very little, if any; and that the patient's thanks were paid rather for the humanity and kindness with which it was admitted on all sides that he was treated whilst in the house, than for any relief to his bodily ailment.

There now occurs an hiatus in our patient's history. We hear nothing of him till Easter Sunday (the 16th of April), when seeing Mr. Hodgson, a surgeon of Carlisle, he hobbled up and called after him, telling him that he was very ill and very lame; that he had been under the doctors of the infirmary for some time, but that they had done him no good; that he was now getting worse; and that he would be much obliged to Mr. Hodgson if he or his medical friends could do something for him. Mr. H., having ascertained that he complained of very great pain in the hip and down the thigh, and in the knee, told him that he feared something worse than rheumatism was the matter, and that he would either come or send some of his friends to see him.

Mr. Hodgson accordingly mentioned the case to Dr. Jackson, who, with Mr. T. Elliott, visited Clarke on Thursday, the 27th of April. They found, on examination, that the left leg was an inch and a half shorter than the right, and that there was a collection of matter in the groin, extending round the outer side, and about one-third down the thigh. The swelling was tense, and at one point red, as if about to burst. They opened the abscess, inserted a seton in the groin, prescribed absolute rest and a mild nutritious diet, and applied a splint, which, however, caused so much pain that it was soon obliged to be removed.

The patient was seen afterwards at intervals by the two last-named gentlemen, as well as by Dr. James, Mr. Sewell of Burgh, and Mr. Hodgson. In the beginning of May he is described as lying in bed in the last stage of hip-joint disease, matter burrowing amongst the muscles of the thigh, and flowing profusely; the thigh bone dislocated, and intense pain caused by the slightest motion. It is needless to add that he sunk, his death occurring on Friday the 25th of August.

We may now observe that there is a most bitter feud amongst the medical practitioners of Carlisle, connected in some way with the medical appointments to the infirmary. On the one side we find arrayed the medical officers of that institution supported by the "Patriot" newspaper; on the other side are Dr. Jackson, Mr. Elliot, and others, backed by the "Journal," the editor of which, a Mr. Steel, has taken a very prominent part in the investigations which have been made into the case of poor Clarke.

Considering that the feelings of charity subsisting between these medical factions were but small, it is not surprising that some rumours should get afloat, to the effect that poor Clarke's case had been mistaken at the infirmary, and that his treatment had not been quite so active as it might have been. And at the general annual meeting of the governors, held on the 1st of August, this case, amongst others, was brought forward by Mr. Steel as the basis of an accusation against the medical officers of erroneous or careless practice. This, of course, was warmly denied; and it is reported that Dr. Barnes said, in the course of the discussion, that since Clarke had left the infirmary, "he had been operated on by other medical gentlemen; that when he left the infirmary he was rapidly recovering, and walking about; but, since other medical gentlemen attended him, he was now in bed, and in great danger."

Three days afterwards Mr. Steel visited the patient, and took down from his lips a statement of the course of his malady and treatment; but this contains no new facts, and need not be further alluded to, except that the deceased, who was a "quiet man," was much hurt at it.

After the death of the poor man—in fact, after his burial—an inquest was held on his body, the grave having been opened, and the coffin lid raised sufficiently to enable the body to be seen and identified. This proceeding was adopted at the suggestion principally of Mr. Elliott and Dr. Jackson. We need scarcely say that it is from the evidence adduced at this inquest that we have compiled the history now laid before our readers, and which, we believe, embraces all the main points of the case. The local papers are, as is usual, full of interminable quibblings and acrimonious personalities, as important in their way as that controversy between the "Gazette" and the "Independent," of which we find mention in the biography of Mr. Pickwick.

After a protracted inquiry the coroner summed up, leaving it to the jury to decide whether or not the patient's death was attributable to inattention or ignorance. The verdict was, that the deceased departed this life "by the visitation of God, in a natural way, of morbus coxarius."

From a review of the foregoing details, we think it difficult to resist the conclusion that the hip disease, of which the patient died, was of long standing, and insidious progress, and that it entirely eluded the observation of Dr. Barnes; or rather, perhaps, that he suspected it at first, but, failing to detect any distinct evidence of it, he treated it as rheumatism. But, allowing that Dr. Barnes was mistaken, every medical practitioner who has a conscience will admit that he is not a solitary culprit; he is not on that account to be condemned of ignorance; and no one can feel certain, merely because he has heard the termination of the case, that he should have made a more successful diagnosis at its commencement. The probability was that it was rheumatism, and on that supposition the treatment was active and judicious; the diagnosis, unluckily, was a wrong one, but who is there that has not erred equally at some time? It must be confessed, however, that it seems strange, considering the severity of the disease and its obstinacy, as well as the suspicion of its real nature, indicated by the use of the term *morbus coxarius* (which is seldom, we believe, applied to rheumatism), that the opinion of Mr. Page, the surgeon, was not demanded in consultation—a proceeding which is the rule in most hospitals.

Although, however, Dr. Barnes must be fully acquitted of inattention or ignorance, or of more than a solitary error in diagnosis, and although not only gentlemanly feeling and professional etiquette, but common Christian charity as well, are repugnant to the idea of ripping up a man's mistakes in practice, and bringing them before the public at a coroner's inquest, yet it must be confessed that he brought all this trouble on his own head. His observation at the governor's meeting, "*that since other medical gentlemen had attended Clarke he was in great danger,*" was, as he must be well aware, imbued with the very gall of bitterness; and it fully justified Dr. Jackson and Mr. Elliott in resorting to the most public and ready means of clearing their professional character; at all events, if it does not justify them in their own consciences, it furnishes them with the fairest of excuses to their profession and the world at large. Certainly nothing can be more dishonest and preposterous than the insinuation thrown out in the "Patriot" paper, that the man's death was in any way attributable to these gentlemen, or that "*they attempted to remove the blame from their own shoulders to the medical officers of the infirmary.*" They did nothing which could possibly incur blame; their treatment was judicious, but the case was hopeless before they saw it.

We cannot but pity Dr. Jackson and Mr. Elliott for having such an advocate as this Mr. Steel appears to be. Of course we are bound to believe that his zeal in promoting these distressing investigations arose from pure motives of philanthropy, from a most tender care for the poor and needy, from the most anxious wish for the efficiency of the institution. We are bound to believe that poor dying Clarke was mistaken in thinking that he came to his bedside more out of mischief than from any good to him. We give him full credit for the humble, and constant, and assiduous advocacy which he has bestowed on the institution, and the deep interest he takes in its prosperity and welfare; and how modestly he alludes to the mite which he contributes to its support! Yet we know that in many hospital committees are to be found some one or more perverse grievance-mongers, whose care for the patients is shown by their assiduous endeavours to make them dissatisfied, and whose charity is manifested by perpetual accusations of mal-treatment. The sooner Dr. Jackson and Mr. Elliott, and their party, wash their hands of such counsellors the better. Be their professional grievances what they may, they are not likely to be redressed through the medium of such advocates. They cannot believe the lord bishop of the diocese to be very greatly impressed with Mr. Steel's good taste. Let not disputes between members of a liberal profession, on a point of practice, be paraded in the columns of a newspaper, and be sharpened with all the venom of personal and political hostility. Whatever their private quarrels may be, let them respect their profession.

One word about the inquest. What a model for a judicial investigation!—how orderly the method of examination!—how grateful the coroner for the assistance of the bystanders, who, half-a-dozen at a time, interrogated the witnesses!—how kind the jury in protecting Mr. Page from more than one question at a time! The coroner, too, accused of partizanship, and insolently threatened with a refusal of his fees for holding the inquest at all! And the end of the whole matter as the crowning absurdity, twelve honest Cumberland jurymen, regaled with "copious extracts from the most distinguished authors of surgery," and required to decide on the name, nature, and situation of the disease! Their verdict, however, was a fair one. It merely stated that Clarke died naturally of a given disease, and, as was just, left no imputation on the care or skill of the infirmary officers.

Our correspondent, Mr. W. J——, of N——, is mistaken in supposing that we object to his practising Mesmerism. We might lament that he should labor under the delusion; this would not, however, have called for public remark. It is the mode in which he makes known his peculiar qualifications that we deemed it right to censure. We are glad to perceive that he is so far conscious of what is due to propriety as to desire to withdraw his name from the Provincial Association, and will take care that his resignation is conveyed to the proper quarter.

REVIEWS.

Austria: its Literary, Scientific, and Medical Institutions, &c. By W. R. Wilde, Esq. Dublin: Curry and Co., 1843. 8vo, pp. 325.

We have attentively perused Mr. Wilde's work, and consider it as a highly creditable performance. The author has set an example of industry in travel which it would be well were the liberally endowed travelling fellows of Oxford to follow. Dr. Radcliffe assuredly never contemplated that individuals who were to share the bounty of his munificent bequest should be mere drones, as has been, for the most part, the case.

The first two chapters of the work comprise the subject of education generally in the Austrian dominions. The following remarks are very pertinent, as contrasting the courses of surgical instruction pursued in that country and this:—

"The education required in this (Austria)—the higher branches of study *(Studium der Arzneikunde und höhern Wundarzneikunst)*—requires five years, and none are permitted to attend the lectures upon these subjects but those who have obtained at the final examinations of their philosophical studies a certificate of first class in all the obligatory course. They only are eligible to become doctors of medicine and surgery.

"Students wishing to take out the degree of doctor of surgery are obliged, in addition to this course, to attend the surgical clinique, and the lectures upon the practice of surgery, during the fifth year; but as these lectures take place at the same hour as the ophthalmic clinique, those pupils are compelled to attend the latter in the next ensuing season—that is, the first semester of the sixth year. Those who wish to take out a special diploma, as *Augenarzt*, are obliged to repeat the second semester of the ophthalmic course; and those who wish to become master-accoucheurs are required to attend for two additional months in the obstetric clinique, and also to undergo an especial examination.

"Thus we find that, according to this very extensive and well-arranged course, not only is the routine of subjects accurately defined, but the student is obliged strictly to adhere to them in the manner, and according to the order marked out by the board of medical directors. I cannot too strongly admire and recommend this practice, more especially as it is one whose adoption in Great Britain would be a vast improvement in the present system of medical education there. In England, with few exceptions (and even in those exceptions the kind of instruction is very meagre), there is little or no preparatory education required by the different colleges and licensing bodies. The student is at perfect liberty to choose what lectures, and how many, he will first attend; the object not being how he can best prepare his mind, by initiatory degrees, for the more mature branches of study, but how he can soonest, easiest, and cheapest become possessed of the *certificates of attendance* upon these lectures, a large majority of which said lectures he has never heard, nay, may never have seen the lecturer till he comes to purchase from him the necessary certificate. There being no tests required, as to his knowledge of any of the subjects he is *supposed* to study, till the hour of his examination (still some years distant), a great number of them have never cost him an hour's thought or reading; and when this examination does arrive, the chances that he is never asked a question except upon anatomy and surgery, and a little physiology, are, in the chief licensing institutions in Great Britain, so slight as almost to amount to a certainty. Again, in the order (if the term can be so applied) of these studies, what difficulties do not hourly present themselves in the student's path. Hospitals and practical subjects are attended to long before their theory has ever been learned. Here the pupil really *walks* the hospital without acquiring a definite knowledge of any one thing; he witnesses operations of which he neither understands the rationale nor the cause, except by his grinder, during a few hard months' study prior to his examination, the result of which more frequently depends upon his memory than his practical knowledge; he is never once called upon to test or exercise his acquirements until the hour before he receives a license to practise, and too frequently he finds, at the conclusion of his studies, that he has begun at the wrong end. As matters now stand in this country, this is not the student's fault, but the fault of those who have, or ought to have, the direction of his studies and pursuits."

The recompense of medical attendance is usually proportioned throughout Europe to the cost of the necessaries of life. Thus, in Vienna, where we have known a carriage and pair of horses bought for £20, the ordinary fee to a doctor of medicine or surgery is a *golden müntz* (two shillings) for each visit, while that for a consultation is always a ducat. The law, moreover, makes strict provision for the remuneration of medical men; and in posthumous cases the physician and apothecary take precedence in this respect of the relatives and legatees. The highest sum, according to our author, realised by any physician or surgeon in Vienna is from fifty to sixty thousand florins a-year.

There is no branch of medical science that is better managed in Austria, says Mr. Wilde, or that might with greater advantage be imitated in many respects by ourselves than that of pharmacy.

"It is there studied and practised as a separate and distinct branch of knowledge; the apothecary neither aspiring to the character of a medical practitioner on the one hand, nor descending to the trade of a druggist or retail grocer on the other. There, the apothecary is solely a compounder of physicians' and surgeons' prescriptions. He dare not, under the severest penalties, prescribe even the most simple remedies, nor perform the most insignificant surgical operations—nay, more, he cannot sell a dose of physic without the written order of a physician or surgeon who is recognised by the university of his country. Under this order of things the prescriber and the taker of medicine have the advantage of having that medicine accurately compounded by a properly-educated pharmacean, whose whole time and ability are devoted to the subject. Only a certain fixed number of apothecaries are permitted to dispense and sell medicine in the empire; in Vienna the number is limited to forty, and never varies, for the *Apotheke* or shop, like the title of monarchy never dies, but merely changes masters. These establishments are known by their signs, and not by the names of their owners, who may be, and often are, widows of apothecaries, or merely tenants of the relatives or executors of such. The apothecary has no connection whatever with the patient; he never leaves his shop to apply his remedies or perform the minor operations of surgery, such as bleeding, cupping, leeching, &c., as with us—these being, as I have shown, the exclusive province of the *Wundarzt*. Each medicine has a certain stated price fixed by authority, and marked in the pharmacopœia and medical tax-book, so that no exorbitant demand can possibly be made; and, as has been already stated, no apothecary dare, under a heavy penalty, compound the prescription of any medical man whose name is not set forth in the printed list of authorised practitioners. The poor of this country being everywhere so well provided for by the state, the great number of hospitals that exist, and the smallness of the fees received by the practitioner, enabling the middle classes to procure proper medical advice, render unnecessary the system of self-doctoring or quack-doctoring in use in Great Britain. The department of pharmacy consists of doctors of chemistry and master apothecaries; and these latter are again subdivided into the *Apotheker*, who is a *bonâ fide* possessor of a shop, the *Pächter*, or tenant who hires such of an apothecary or his relatives, and the *Provisor*, who is a dispenser employed by an apothecary unable to manage his own concerns, or by his widow or friends, &c., and, finally, the *Gehülfe*, or journeyman employed under any of these. No apothecary or doctor of chemistry can hold two establishments."

The system works well in smothering irregular practice; let quack-ridden England ponder this in her heart.

"In Austria, both the public on the one hand, and the prescriber and legitimate compounder of medicine on the other, are protected against quacks, mountebanks, patent medicines, wonder-working nostrums, poisonous pills, mineral cosmetics, and the thousand deleterious substances advertised, puffed, and vended, under the name of specifics and panaceas, not only with the permission, but frequently with the *authority of the state*, in Great Britain. The public prints are not hired to entrap the ignorant or credulous, by lauding empirics and impostors; the public eye is not disgusted by unseemly and disgraceful placards; nor modest females insulted, by having indecent handbills thrust upon them in the open streets, as occurs daily in this country. Moreover, no one is allowed to sell medicine of any description without a proper education and a satisfactory license; and the trade of a druggist is, as it should be, confined to the wholesale vending of medicines to apothecaries. England might and ought to take a wholesome lesson from this well-ordered condition of the present state of pharmacy in the Austrian states."

Chapter V commences with an account of the race of German students, which is followed by reflections upon the present state of science in Germany. In the next chapter the great general hospital is described. It is of immense size, furnished with 2,214 beds, 1,247 for males and 967 for females, receiving from 18,000 to 20,000 patients annually. It contains, moreover, the residences of the priests, directors, professors, physicians, and other medical attendants; the chapels, the pharmacy, and compounding department, pathological museum, lecture-rooms, operating theatres, besides a *gasthaus*, with a *table d'hote* for the use of the students; the latter cheap and bad.

The admirable system of clinical instruction pursued in the above hospital is fully described, more particularly as regards ophthalmology, for which the Vienna school has so long enjoyed a transcendant reputation. The labors of Skoda, in reference to auscultation, and those of Rokitansky to pathological anatomy, are discussed in chapter VIII. The value of Skoda's researches in that field were, we believe, first alluded to in this country in Dr. Catherwood's work upon Diseases of the Lungs.

The author enters into a detailed account of the *Gebäranstalt*, or imperial lying-in hospital of Vienna, one of the most splendid and extensive establishments of the kind in Europe.

"Pregnant women of all grades, and of every religious persuasion, can avail themselves of the advantages of this asylum; the poor and destitute are admitted gratis, and the rich by paying a certain stated sum; thus it is well adapted to the circumstances of all classes where poverty and necessity, or where fear and a desire of secrecy, induce such to apply for refuge therein during their hour of trial. Here every comfort is supplied—no visiter can intrude, no law affect, and no authority reach its inmates—nay, more, the very fact of their having been delivered there is inadmissible either as documentary or personal evidence in a court of justice. The whole institution is divided into two great divisions, the paying and the non-paying; the former is perfectly distinct from the latter, and consists of three classes; to the first, or highest class, are allotted five neat, well-furnished, and secluded chambers, perfectly distinct and separate from each other and from the rest of the establishment; they are guarded with the greatest strictness, and are inaccessible to all but the attendant physician, and, if necessary, the nurse. Each of these is occupied by one person alone, who pays one florin twenty kreutzers, or about two shillings and eightpence daily for its use. These are said to be for the young ladies of the imperial city, and are, I have been credibly informed, sometimes the resort of females from among the highest circles of society.

"The second class have not separate chambers, but occupy two large rooms with six beds in each; the cost of admission into this portion of the hospital is fifty-one kreutzers, or about one shilling and eightpence halfpenny daily. The *Entbundenen*, or those already delivered, are separate from those pregnants awaiting their accouchement.

"The third class occupy several wards, with ten beds in each, and as females are received at any time after the sixth month of pregnancy, those undelivered are kept apart from those in the puerperal state; the whole are separated into the *Schwangeren* or pregnants, the *Gebärenden* or parturients, and the *Wöchnerinnen* or puerperals. The expense in this last division is eighteen kreutzers, or sevenpence daily. Not only in the first, but in all the three paying classes, no admission is permitted; none are allowed, on any pretext whatever, to enter therein, except the immediate attendants; and besides this, the localities of this part are so arranged as to secure those residing therein from the gaze of the curious. The principle of secrecy is imposed as one of the strictest duties on all those in any way engaged in the institution. Should a female desert her family and take shelter here, the vigilance of the police, or the inquiries of her friends, may trace her to the door of the *Gebäranstalt*, but no farther. Here the executive enters not; such is the law, that not only is a father or a husband denied an entrance, but he cannot, as has been already observed, receive from the records of the hospital, or any one connected therewith, any testimony of her reception or delivery. Indeed, in many instances, and in

> almost all the cases occurring among the first or highest class, such evidence could not possibly be obtained, as a female may enter, accomplish her delivery, and depart from the hospital without her name being known, or even her face seen by the physician or any of the attendants! The entrance into these paying wards is not the same as that leading into the general hospital, but by a private way, ending in a small *cul-de-sac*, that runs between the ancient Spanish cloister and an adjoining barrack; and as it is forbidden to have any windows looking into this lane, persons approaching that way are perfectly secure from observation. At the end of this *cul-de-sac* there is one small door, with a bell attached to it; a porter remains at the entrance day and night, and conducts the person requiring admission to whatever department or division they require, or their means afford. Persons are allowed to appear masked, veiled, or otherwise disguised; they may enter at any time previous to their delivery, and remain as long as they wish; they may carry their infants away with them, or send them to the foundling hospital through the medical attendant. The names and address of persons admitted into this division are not required, but each female must write her name and residence upon a billet, which she seals, and on the back of which the physician inscribes the number of the room and bed she occupies. This ticket is then placed in a small locked-up cabinet beside her bed, and at her departure it is returned to her unopened, its object being that, in case of her death, the institution may inform her friends, or be able to produce this testimony of her decease on the demand of her relations or the police.
>
> Females entering the first class apartments of this division are not required to apply to the porter in the usual manner, but may, if they wish, go to the apartments of the attending accoucheur direct, who will conduct them to their appointed chamber, and with similar secrecy and precaution they may go out. The rooms of this class are likewise provided with cradles and every necessary comfort. Here the patient is permitted to bring her own servants and linen if she desire it, or she can be supplied from the stores of the hospital with every such requisite, &c. Without her own desire, no one except the doctor, not even a nurse or midwife, is allowed to enter her chamber; and, in case of severe illness, she is at liberty to call in another physician along with the usual house-attendant. In the year 1840 twenty-two females were delivered in this part of the establishment. The females in each of those three paying classes may remove their children from the foundling-hospital when they please, on defraying the expenses already incurred in their rearing and education.

About nineteen pages are devoted to the practice and operations of Jäger, one of the most distinguished living oculists, of consummate skill certainly as an operator. Mr. Wilde uses, in several places, the term "distission" for discussion—a mistake which ought to have been corrected in the table of errata.

We recommend the work as a useful hand-book to students visiting the Austrian metropolis.

LETTER ON THE BENEVOLENT FUND.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—A wet morning gives the opportunity of addressing you. Some weeks since I had a long conversation with my friend Mr. Dodd, of Chichester, who suggested to me the outline of the following plan, furnished me with some of the materials from which the subsequent observations have been educed, and suggested my bringing forward the subject at Leeds. I did not, however, consider any of the usual meetings of the society a proper occasion for introducing matters so statistical and financial; I had thought of mentioning them after dinner, but having consulted with Mr. Dodd and our mutual friend, Dr. Forbes, we agreed that it was scarcely likely to obtain all the undivided attention to facts which it would require, and I determined upon making it the subject of a communication to the Provincial Journal, by which means I should, in one day, place the matter before ten times the number of my professional brethren who were assembled at Leeds.

It has been often said, that charity is twice blessed—blessed to him who gives and to him who receives; and this is true; but as if the stamp of imperfection must attach to every thing earthly, even heaven-born charity is not without its admixture of evil; for, as regards its recipient, it involves a feeling of dependance, and produces a sense of conscious helplessness, which humbles and depresses, and shrivels the active energies of the character; this entwines itself around the heart, and in its cold embrace contracts the benevolent affections and embitters life.

Now, therefore, he who ministers to the wants of his fellow man, does well; but he who anticipates the cause of want, and saves him from the dependance attaching to its relief, does better; and it will be my endeavour to submit to the consideration of your readers, a plan by which I would enable him to rise above want, by which I would strip the struggling ivy of dependance from the oak, by which I would cut out the canker of helplessness from the rose.

There are in existence several modes of relieving professional distress; as

a. Our own admirable benevolent fund, which admits no title but distress for admission to its benefits; and I verily think that the honest reason why this institution has not been more adequately supported, is this very idea of the apparent humiliation involved by partaking its bounty.

b. Local societies which partake of the nature of a benevolent fund, conjointly with that of an annuitant society, inasmuch as a small pecuniary qualification is required on the one hand, and on the other the amount of this subscription is by no means in proportion to the benefit returned; nor does it give a claim to any fixed sum, which, on the contrary, is regulated by the amount of distress to be relieved, and by the benevolent views of the dispensing committee. Such, for instance, as that existing for the West Riding of Yorkshire, and the eastern division of the county of Surrey.

c. Common insurances on life, or the common purchase of annuities, which need no comment.

I have already stated the *apparent* rather than real ground of objection to the first; to the second, I would remark that the same objection exists, so far as it is purely benevolent, because it gives to the contributor *no right* to any fixed and determinate sum; because, I believe, the relief is almost always limited to widows who have not £50 a year to live on from all other sources; and because the relief afforded is inadequate to secure to the widow that position in society which it is most desirable she should maintain.

In the room, therefore, of *b* and *c*, I would suggest one large society of mutual insurance, in which the laws which influence health and longevity would have space enough to be brought into action, and in which the following several objects might be obtained, according to the wishes of the contributor:—The benevolent fund must be left untouched, because there will always be children of misfortune enough, and more than enough, to be provided for by its resources —*those* who have not had the means of laying up in store for themselves, or who, through sickness or misfortune, have been necessitated to forfeit their claim to such provision.

I should also add that my views and deductions are drawn from similar institutions in Scotland, and from the Clergy's Mutual Insurance Society, which is supported and patronised by our highest church dignitaries.

The several objects in contemplation would be—

a, Life insurance; *b*, provision for the education of orphan children; *c*, annuities for widows; *d*, provision for old age; *e*, provision for sickness; *f*, provision for launching a child into the world, his primary education having been finished.

On each of these I purpose offering a remark or two hereafter; but first I wish to point out the necessity for this provision, which arises out of the general circumstances of the profession.

First, there are comparatively very few medical men with families who live upon their professional income; there must, therefore, be few who can save capital, to produce income, when their expenses have increased, and their power of obtaining income has diminished.

Secondly, there are comparatively very few who possess adequate independent incomes.

Thirdly, with the diminution of professional income, and, *a fortiori*, with the entire loss of that income, involved by death, or continued illness, the resources of the family are straitened, and they become dependant.

Nor are these circumstances likely to be lessened, for with the increased respectability of the medical man there is necessarily involved an augmented expenditure, and especially in the increased cost of the education of his children, while his usual resources are diminished.

First, by the narrowing income of persons in general, the withdrawment of wealth from general diffusion, and its concentration within a smaller number of channels.

Secondly, by the smattering of knowledge obtained by our patients, and by the various ways in which they prescribe for themselves, or yield up their good sense to the pretensions of some fashionable folly.

Thirdly, by the over-crowding of the profession, the consequent immoderate competition for public favor, and the smaller fees, arising partly from this cause, and partly from that benevolent kindness of heart which so frequently yields its best services for nothing or next to nothing, in consideration of real or assumed straitened income of the patient.

Fourthly, by the great extension of empiricism in one form or other, and especially by those which are carried on under the sanction of professional names.

Fifthly, by the diminished value attached to professional service, as arising mainly from the indirect influence of the new poor-law.

Such, then, being the necessity for making provision for futurity, it should be effected, according to the peculiar views of parties, upon the broadest possible basis, for the greatest variety of calculable emergencies, and at the least possible charge consistent with safety to the institution.

The first principle should be that of mutual insurance *without a proprietary*. If the calculations be correct in the first instance, and a sufficient number of insurers can be obtained to bring into operation the laws which influence the duration of life, no proprietary can be required; and much is saved to the insurers by having no original capital upon which interest is to be paid. Thus it is not a commercial speculation which we would propose, but a family society, a community of brethren associating with combined energies for their mutual good. It will be recollected that the rate of insurance must be large enough to cover the risks of professional life, for it is a well ascertained fact that medical men are not generally long-lived; this evil will, however, be partly compensated for by the shorter duration of the deferred annuities upon their own lives. It should, however, be one feature of the society, that not only perfectly unobjectionable lives should be insured, but also those which may be more doubtful, the latter of course at a higher rate of premium, as hazardous, or doubly-hazardous, upon equitable principles and calculations. This institution is not a mere figment or day-dream of over-heated brains; but societies have existed and flourished—do exist and flourish. That, of the "Writers to the Signet," in Edinburgh, has been often appealed to on this subject; and I have made it my business to go through the successive stages of its history and prosperity.

This society has increased its annuity to widows (for it is limited to this object) from £50 to £75 a-year, and it has accumulated a capital over £200,000. It was limited to 700 members, and therefore the risk would seem to be greater and to require larger contributions.

But its sources of income have been varied—1, from a tax on apprentices; 2, from an *age tax*, if the insurer exceeded twenty-four; 3, from an invariable tax paid on marriage; 4, from an *equalising* tax paid at the same time, where the wife was younger than the husband, and 5, from annual rates paid by all.

The origin and continuance of its extraordinary success have been these sources of income in the first place.

Secondly, the high rate of interest they were enabled for a long time to make.

Thirdly, the profits arising from the sale of stock, amounting to many thousand pounds.

Fourthly, the consequent large accumulated capital and income divided from it.

Fifthly, its large proportion of bachelors.

Similar prosperity is not to be expected in the proposed institution, because it would be very difficult to enforce the tax upon apprentices who might never become members;

Because a high rate of interest is no longer to be expected compatibly with safety;

Because there is no longer a prospect of making any profit by the increased value of funded property;

Because there is no prospect of having such a large accumulated capital as to become in itself a source of large profit;

Because the medical profession differs so widely from that of the "Writers to the Signet," in possessing a very large proportion of married men, and, therefore, by the proposition, the expectancy of widowhood is very greatly increased.

It must be borne in mind, however, that a similar and successful institution has existed for many years among the clergy in Scotland; and more recently, a society, similar to the one now proposed, has been formed amongst our own clergy; and from my own personal knowledge of one of its trustees, I may add, that it is proceeding quietly but most satisfactorily.

The persons composing such a society among ourselves would be—

1. Honorary contributors, or such at least who may hope and expect to remain so.
2. Interested contributors already in practice.
3. Early subscribers on entering practice.

Of course I cannot be supposed to enter into the financial, statistical, or legal details of such a plan; I could not do so, and if I could it would be unjust to occupy so large a proportion of your pages; but I would just say, that in order to ensure stability as well as equity, it would be necessary to impose a marriage tax, as well as an equalising tax where the wife is younger than the husband; and also, that the now established fact of the greater longevity of females must be taken into account in calculating the widows' annuities which the society could afford.

I must still, Gentlemen, trespass a little longer on your patience by fulfilling my promise of mentioning the various objects to which this society might have respect. In all the subsequent calculations the age is assumed to be twenty-five.

First, then, the life may be insured for £100 at £2 0s. 3d. per year. This is good for those who die early, and forms to such a source of great consolation in illness or weak health, from the belief that the family will not be left destitute; but it appears to me that there are better modes of making provision for ourselves as well as our families.

Secondly, a payment of £3 0s. 4d. a-year will secure £2 per week during continued sickness, till the age of seventy. Temporary illness would not be relieved; it must have continued a month or six weeks before the allowance becomes payable.

Thirdly, a payment of £6 6s. a-year will become provision for old age—viz, £104 a-year, to commence at sixty-five; a payment of £3 7s. 8d. a-year will produce a similar sum, to commence at seventy, and in similar proportions for other ages.

Fourthly, a payment of £6 6s. a-year will produce for widows an annuity of £52 a-year, to begin at forty-five and continue through life; dying before that age (forty-five), the whole money paid may be returned to the representatives of the said widow.

Fifthly, education may be provided for; a payment of £20 a-year, to commence at two years old, and to be continued for twelve years, will secure from that time—that is, from fourteen to twenty-five, £100 a-year, so beginning when education becomes expensive, and not terminating till the professional education was completed.

Sixthly, provision may be likewise made for orphans; annuities may be purchased for children, to commence on the day of the assurer's death, and to terminate, according to circumstances, at fourteen, eighteen, twenty-one, twenty-five, so as to suit the views of parties, and so as to secure the completion of education though the parent be dead.

In all these cases the premium is never paid beyond the half of the number of years for which the child's annuity is secured, so that this payment is sure to cease when the education of the child has become expensive.

Seventhly, on the same principles, a sum may be provided for establishing a child in life when professional education has been completed.

Eighthly, the provision during sickness may be made prospective by a parent paying a very small annual premium upon a child, that premium ceasing when the child reaches twenty-four years of age.

Lastly, this being a society of mutual insurance, there would be from time to time an equitable division of the entire profits.

And now, Gentlemen, I leave this project to wiser heads and abler hands; if taken up and acted upon by the heads of our profession, it will, I am persuaded, be productive of incalculable benefit, and will prove the means of alleviating a vast amount of human misery existing unseen, unknown, unheeded, but not the less poignant or worthy of notice; and if not, I shall feel that I have discharged a debt (voluntarily contracted, it is true, but not the less binding) which I owed to the profession at large.

And I remain, Gentlemen,
Faithfully yours,
W. Newnham.

RETROSPECT
OF THE
MEDICAL SCIENCES.

PATHOLOGICO-CHEMICAL INVESTIGATIONS.

(Continued from p. 516.)

9. *Examination of a White, Purulent Fluid from a Gouty Tumor.*—Dr. Franz Simon had been requested by Dr. Schönlein to examine some pus obtained from a gouty swelling, in order to discover whether it contained uric acid. The presence of this acid Dr. Simon has been able to discover in pus discharged from a similar tumor, both by the microscope and by chemical reagents. Another opportunity lately presented itself to him to repeat the same experiment. He was sent a portion of a peculiar purulent fluid by Dr. Piutti, of Elgersburg, which had been discharged from a gouty tumor after the use of the water-cure. He here subjoins the principal points of the case from the description sent to him by Dr. Piutti. A strong, full, somewhat corpulent man, about forty-five years of age, had had about twenty years before a regular attack of podagra, which, at the commencement, recurred at longer, then at shorter, intervals. After some years the regular gout passed into arthritis vaga; there were from two to three attacks in the year, which left behind them considerable gouty swellings

in the hands and feet; within the last few years the attacks of gout traversed nearly the entire body, they spared, however, the internal organs and the head, and produced stiffness and immobility of the lower extremities. Only of late years a disposition to obstruction and to slight hæmorrhoidal affections evinced itself; since the last six years the great toe has gradually swollen; there is forming at present a considerable, firm, red, though not painful swelling. The patient has used much medicine; for several years he has been using the Oleum jecoris aselli, and for three years successively he has been to Wiesbaden without success. On the 28th of June he came to Elgersburg, began to employ the perspiring system, and to bathe, and drank every day from twelve to eighteen glasses of water, observed moderate diet, and took exercise in the open air as far as he was able. Moist stimulating poultices were applied around the swollen toe. After some days of this treatment, the red, swollen skin of the foot broke in a spot about the size of a sixpence, and some white, hard bodies presented themselves, just beside two deep openings that had just formed. These white, calcareous concretions, after fourteen days, came out on slight pressure, and at the same time a quantity of white, thick, granular mass, devoid of odor, was discharged; the swelling in one particular place was considerably depressed, and on pressure was very painful. After two hours the cavity filled up again, and discharged without any pressure the same quantity as before, and this discharge continued for eight days, with the same sort of secretion, with which also larger and smaller concretions were voided. Three weeks after the discharge had commenced it assumed the appearance of a consistent pus, in which, however, concretions, about the size of a pea, were constantly appearing. The entire swelling is now almost gone, and the toe is capable of motion. During the time of the discharge a general and painful attack of gout took place, and lasted for fourteen days, by which almost all the joints of the body were affected, being swollen, painful, and incapable of motion. With the observance of perfect rest, regular diet, warm and moist applications, the paroxysm has, up to the preset time, run a regular course without any medicines.

Of the flasks which were transmitted for examination, two were filled with the above-mentioned fluid, and one with the concretions; on standing, without being moved, the discharge separated itself into a considerable white sediment, and into a red fluid; on shaking it, it might be observed with the naked eye that numerous crystals were contained in it; microscopic examination showed an extraordinarily great quantity of acicular, colorless crystals, and but a very small number of pus-corpuscles mixed with them, so that there was some difficulty in searching for the latter; a quantity of this substance was washed for some time with distilled water, whereby the crystalline substance was entirely freed from all foreign admixture; it yielded, when dried, a white powder; when burnt on a platinum dish, it left behind a white ash, which was ascertained to be carbonate of soda; heated with nitric acid, the white crystalline mass, proved, by the deep purple color that presented itself, the presence of uric acid. If a portion of the white mass were digested with dilute muriatic acid, a great quantity of uric acid separated in rhombic tables; the muriatic acid and solution left behind, on gentle evaporation, crystals of muriate of soda; these white, pointed crystals were accordingly urate of soda. The concretions which, in like manner, presented a slightly crystalline appearance, also consisted of urate of soda; the red fluid which was over this white, crystalline mass, when at rest, contained a little of the pus-corpuscles, much albumen, and some hæmato-globulin.—*Beiträge Zur Physiologischen und Pathologischen, Chemie und Mikroskopie, von Dr. Franz Simon, Berlin*, 1843.

EXTIRPATION OF DISEASED OVARIA.

Several successful cases of extirpation of diseased ovaria have been recently recorded by Mr. Clay, of Manchester, and Mr. Walne and Dr. F. Bird, of London. The subject of Mr. Walne's case was a female, fifty-eight years of age, affected, for about two years, with ovarian disease and dropsy. It was not exactly ascertained which ovary was diseased; but the right was suspected to be the one, and this proved the case.

The operator commenced by an exploratory incision of the integuments, fasciæ and peritoneum, to the extent of an inch and a half. A finger was then passed into the abdominal cavity, and the cyst easily distinguished. The first incision was immediately enlarged to the extent of thirteen inches (in the median line, we presume, but the author has forgotten to mention the exact seat) upwards and downwards, extending from about three inches below the scrobiculus cordis to within one and a half of the pubes. The right ovary gradually issued through the lips of this extensive wound, and two fingers were passed behind the broad ligament; these fingers served as a guide for a needle, armed with a double ligature, which was passed through the pedicle of the tumor, when the ligature was divided at its end and the two halves of the pedicle tied separately. This done, nothing remained but to separate the tumor from the ligatured pedicle, which was easily effected; a considerable artery in the pedicle was secured. The tumor weighed more than sixteen pounds. The after part of the operation presented nothing worthy of notice. The wound was closed with a dozen of interrupted sutures, and the ordinary dressings supported by a broad bandage.

The patient supported the operation well; her chamber was kept at a temperature of 70° F., and an adonyne draught was administered and repeated in an hour.

During the first few days after the operation every thing went on favorably; but on the fifth day the patient vomited up a good deal of bile, and complained of constant nausea; the pulse, however, remained at 80, and there were no inflammatory symptoms. The sickness was removed by the use of anodynes, and the patient passed a tranquil night. This favorable condition continued without interruption, and on the 29th of November—that is to say, twenty-three days after the operation, the patient was quite well.

Dr. F. Bird's case was, in many respects, similar to the one just noticed. The patient was thirty-five years of age. When nineteen years old she was attacked by pain in the right iliac region, and since that period the abdomen had continued to increase in size. Paracentesis had been performed ten times during the period of her illness, which extended over seventeen years.

An exploratory incision having been made below the umbilicus, the introduced finger ascertained that the tumor was free from adhesions; the incision was, therefore, enlarged to four inches. Through this the cyst now protruded; it was punctured, emptied, and a strong double ligature passed through the centre of the pedicle; another ligature was made to encircle the entire stalk, just below the other two. The broad ligament was now divided by a probe-pointed knife, and afterwards the Fallopian tube; no vessel required ligature in this case, and the wound was closed in the usual way. The tumor weighed about twenty pounds. In the subsequent history of the case we find nothing which requires record, as it proceeded favorably to convalescence, which took place in three weeks. The chief point in which Dr. F. Bird's operation differs from that employed by his predecessors, is the *moderate* size of the incision which he employed. Whenever the contents of the cyst are fluid, and can be evacuated, he thinks that a moderate incision will answer every indication.

INOCULATION BY MEANS OF CONTAGIOUS CELLS. BY DR. KLENCKE, OF BRUNSWICK.

Dr. Klencke is preparing for publication a work on this subject, and meanwhile furnishes us with some of the interesting results obtained by his experiments on contagion. M. Klencke has succeeded in transplanting the contagious principle from one individual to another, by means of the cells of carcinoma, tubercle, melanosis, condyloma, and warts; mucous membranes affected with ozœna and coryza; charbon, hydrophobia, the vaccine virus; small-pox, and the other acute exanthemata; and he concludes, from these experiments, that contagious maladies are transmitted by means of cells, which enjoy a semi-independent vitality.

Cells of Carcinoma. — Langenbeck has already shown the possibility of the inoculation of carcinoma.

Cells of Tubercle.—After being well assured of the nature of these cells by a microscopic examination, he introduced some of them into the veins of a rabbit, in which were found, twenty-six weeks afterwards, numerous tubercles in the lungs and in the liver. The same inoculation practised on a rook did not succeed.

Cells of Melanosis.—Some cells were collected from a black liquid in the orbit of a mare affected with melanosis, and were inoculated into the conjunctiva and lachrymal gland of an old horse. These merely caused a black spot on the conjunctiva, which extended very slowly; but, about the sixteenth week after the inoculation, melanosis of the lachrymal gland was very decided; it had invaded the whole organ, and pushed the globe of the eye forward. Some of the melanotic matter, taken from the same mare, was injected into the veins of the neck of a dog, who died suddenly whilst hunting three weeks after the operation. There was found in the left lung a melanotic tumor, which was ruptured, and which contained a brown, coffee-colored fluid, abounding in cells.

Cells of Condyloma, Warts, Ozœna, and Coryza.—Many inoculations were made with these, and the results were remarkable. The cells of recent coryza are very different from the confervæ of ozœna; but, in proportion as coryza becomes chronic, the cells disappear, and give place to the sporules of confervæ. The cells of coryza are readily destroyed by the action of chloride of lime—an important fact in the treatment of ozœna.

Cells of Charbon (malignant pustule).—Experiments with these are dangerous. The cells are found in a yellow, lemon-colored fluid, which trickles from the pustules. They have so strongly contagious a property, that, after having been subjected to boiling water, and kept for fifteen days in lime, they were able to inoculate a young goat.

Cells of Hydrophobia.—These are of two kinds, some as large as a lentil or pea, which have been noticed already by Urban and Magiotel; others, microscopic in dimensions, and remarkable for the blue tint of their parietes, appear to color the large ones, in which they swim. The author says he has found them in the excised cicatrix of a bite, which had given reason to fear hydrophobia. He has also met with the same cells or globules in the foam under the mucous membrane of the cheek, and in the salivary glands of hydrophobic dogs. Some of these globules, taken from the parotid gland, and introduced into a wound made in the ear of a cat, infected the animal. Inoculations from animals that had been dead more than a day were not followed with any result. The cells, if treated by boiling water, are destroyed, or rendered inert, and their inoculation is not followed with any effect. They readily dissolve in the mineral acids, and in chlorine water, which is worth noticing in practice. Treated by belladonna, the cells become angular and discolored, but still remain capable of being inoculated with effect.

Cells of the Vaccine Virus, of Small-pox, and of the Acute Exanthemata.—Microscopic researches prove that lymph is inoculable in proportion as it contains a greater or less number of cells.—*Arch. f. die Gesamte Med.*

COMPARATIVE ANATOMY OF THE SKIN IN THE DIFFERENT VARIETIES OF THE HUMAN RACE.

At the meeting of the *Académie des Sciences*, of the 21st of August, M. Flourens communicated the results of some of his recent researches into the comparative anatomy of the skin in the different varieties of the human race, the more immediate subjects of his present investigation being the skins of the Kabyles, Arabs, Moors, and Negroes. His preceding researches have established the fact that the skin of the white man is composed of three laminæ, or distinct membranes — the dermis and two epiderms; between the second, or internal epiderm, and the derm, there is no appearance of coloring matter.

The color of the skin of the Kabyle, Moor, and Arab, is bistre; but in general this color is darker in the Arab than in the Moor, and in the Moor than in the Kabyle. Yet everything in the structure of these three skins is the same; there are in all two epiderms and a dermis, and in all, between the second epiderm and the dermis, there is a layer of coloring matter and a pigmental membrane.

The skin of the mulatto and negro presents the same structure as that of the Kabyle, Moor, and Arab. All these colored races have the same structure in common—two epiderms and a dermis, and between the second epiderm and the dermis a coloring apparatus—that is to say, a pigmental membrane, and a layer of coloring matter.

The principal facts which result from this memoir are—1, that the structure of the skin in all these races, widely different as they are in appearance, the Kabyle, Arab, and Moor, on the one side, and the American and negro on the other, are essentially and fundamentally the same. The skin of the white man is no exception to the common law. It also has its apparatus of color, very imperfect, it is true, but yet well marked; the skin of the white man, under certain circumstances, and at certain points, presents all the structure of the skin of the colored varieties of the human race.

M. Flourens argues from these facts in favor of the original unity of the human race. What he has proved from the study of the skin, he intends still further to confirm, by another memoir on the skeleton, and especially on the bones of the head.

SPONTANEOUS CURE OF CATARACT.

A gentleman, affected with a congenital cataract of the right eye, completely lost the sight of the left by a blow from a stone, which penetrated into the eye, and produced inflammation and cataract. The inflammation having subsided, the patient addressed himself to a physician, who dropped a solution of the extract of belladonna into the eye, for the purpose of examining it better. The pupil dilated very much, and the opaque crystalline fell into the anterior chamber; directly afterwards the patient could see a little, and at last the crystalline was absorbed, and the sight completely restored.—*Gicohl, in Medicinisches Corr. Blatt., and Gaz. Médicale.*

NEW TEST FOR CORROSIVE SUBLIMATE. BY ALGERNON FRAMPTON, M.D.

It is now upwards of two years since, reflecting on the strong affinity of metallic silver both for metallic mercury and for chlorine, I triturated a grain of corrosive sublimate with several grains of pure metallic silver in powder, as it is procured by precipitation with copper from a solution of the nitrate, and in a dry state; and I was soon encouraged by the blackened appearance of the mixture to believe that decomposition of the bichloride had taken place, in some degree at least; and that this decomposition was complete, became evident when, upon placing the powder in the bulb of a small tube (such as is used in reducing arsenic), I obtained a distinct ring of metallic mercurial globules in the neck of the tube. Since that time, in obtaining metallic mercury from corrosive sublimate, I have always used silver, which I have not known to fail in producing its reduction, and have found much more convenient and manageable than the potassa fusa, commonly employed; this last not being easily pulverised, and attracting moisture to an inconvenient extent very rapidly. This objection, however, scarcely applies to the use of the bicarbonate of soda or potass.

I have subsequently endeavoured to ascertain whether metallic silver possessed the same power, and to what extent, over corrosive sublimate in solution; and in successive trials I have been able to obtain distinct, nay abundant, metallic globules from the amalgam formed by boiling metallic silver in a solution containing one grain of corrosive sublimate in four ounces of distilled water, and even in a solution of half that strength—*i. e.*, of one grain to eight ounces. My time does not allow me to make numerous comparative experiments, but I am disposed to believe that silver acts slowly, or not at all, on solutions of corrosive sublimate at the ordinary temperature.

I next tried this method of experimenting on organic mixtures; and having added one grain of corrosive sublimate to four ounces of tea, made with sugar and milk, I boiled the liquor with the powdered silver, and after allowing time for subsidence, the fluid was poured off. Liquor potassæ was boiled for some time upon the metal, to dissolve organic matter, and liquor ammoniæ afterwards added to the sediment, in order to dissolve the chloride of silver. This was also poured off, and the sediment having been washed and thoroughly dried, was placed in a tube as before, and metallic mercury obtained in abundance.

Two other experiments have also given very satisfactory results, in one of which one grain of corrosive sublimate, dissolved in a little distilled water, was mixed with a gelatinous fluid, made by diffusing one drachm, by weight, of the patent gelatine of the shops in four ounces of New River water. In the other, one grain of the same substance in powder was added to five ounces of a sanguineous fluid, which had been obtained five days previously, by tapping, from the head of an hydrocephalous infant. The only modification in these cases was, that the mixture was acidulated with hydrochloric acid before adding the silver; this proceeding having been suggested by M. Reinsch's plan of testing for arsenic. It is necessary to moisten the silver by agitating it with a little distilled water in a tube, before adding to the suspected mixture; but, in the cases detailed, the metallic sediment has been very easily obtained, subsiding rapidly, and the results have been very satisfactory.

CURIOUS ALTERATION OF THE ARTERIES.

A girl received a gun-shot wound in the ankle joint, and the limb was amputated two hours afterwards. On the third day she was seized with violent fever; the opposite thigh swelled enormously; the stump became gangrenous, and she soon died in a typhoid state. On examination, the blood was found like tar; the heart, liver, spleen, kidneys, and womb softened; the lining membrane of all the arteries reddened; but that of the arteries of the inferior extremities *thrown into regular transverse folds* for the whole of their length; the folds resembling the finest plaits of a frill, or the first joints of a tape-worm. This peculiar alteration was confined to the arteries of the lower extremities.—*Dr. Sichern, in Med. Cor. Blatt.*

M. BICHAT.

We observe that the members of the various medical societies in Paris are anxious to remove the mortal remains of the illustrious Bichat, at the public expense, from the obscure cemetery of Clancourt, and to inter them in Père la Chaise. A statue has been erected to his honor at Bourg, and was inaugurated on the 24th of August with all the pomp and circumstance in which our neighbours delight. M. David is the sculptor, and has represented the philosopher contemplating the movements of a living infant in his arms, and having a corpse disse
feet.

OBITUARY.

At his residence at Taunton, on the 7th of September, Thomas Woodforde, M.D., senior physician to the Taunton and Somerset Hospital.

TO CORRESPONDENTS.

Nos. 1 *to* 79 *are out of print, and in consequence of the recent large increase of the Provincial Medical Association, but few copies remain of many of the later numbers; it is therefore earnestly recommended that* immediate application *be made for numbers required to complete sets.*

Mr. Yearsley.—We do not intend to have a Student's Number. It would be merely repeating the advertisements on our cover.

Mr. Antisell's communication shall be attended to as soon as we can find room. The book was not forgotten.

Mr. Sweeting's communication shall appear as soon as possible.

We are compelled to postpone the letter of *Medicus* this week; and fear that we cannot make room for the observations of *Doctor*. Our correspondents are mistaken in attributing to us any feelings of hostility towards the licentiates of the College of Physicians. Our remarks referred only to a question of legal right in the college. We can but concur with *Doctor* in wishing that the law of the land were strictly enforced. Men who submit to trouble and expense in order to obey it, ought to be protected from the competition of those who evade it.

We have received two newspapers from Worcester, containing papers by *Mr. Turley*, surgeon of that place, "On Thunder-storms, their Causes, and the Means of Safety from their Effects."

Mr. Dorrington's case of malignant disease of the os uteri, and *Mr. Deane's* medico-legal cases shall appear as soon as possible.

Communications have been received from *Mr. Hindle* and *Dr. Henry*.

⁂ Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester.

CHEMISTRY APPLIED TO THE ARTS, &c.
On the 2nd of October will be published, Part I. (on Gas Illumination) of

APPLIED CHEMISTRY in MANUFACTURES, ARTS, and DOMESTIC ECONOMY. Edited by E. A. Parnell, Author of "Elements of Chemical Analysis." With numerous Wood Engravings and other Illustrations. To be continued in Monthly Parts, each 2s 6d.

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ELEMENTARY INSTRUCTION in CHEMICAL ANALYSIS. By Dr. C. Remigius Fresenius; with a Preface by Professor Liebig. Edited by J. Lloyd Bullock, Member of the Chemical Society, late of the Giessen and Paris Laboratories.

WESTMINSTER HOSPITAL.—

SESSION 1843-4.

The Lectures will commence on October 3, when the Introductory Address will be delivered by Dr. Kingston.

Anatomy and Physiology—Dr. Hunter.
Descriptive and Surgical Anatomy—Dr. Hunter and Mr. Pennell.
Chemistry—Harman Lewis, M.A., Trin. Coll. Cam
Materia Medica—Dr. Basham.
Principles and Practice of Medicine—Dr. Hamilton Roe and Dr. Kingston.
Principles and Practice of Surgery—Benjamin Phillips, F.R.S.
Midwifery, and Diseases of Women and Children—Dr. Andrews.
Medical Physics—C. Brooke, M.B., Cantab.
Forensic Medicine—Dr. Frederic Bird, and W. Hodges, Esq., Barrister-at-Law.
Botany—Dr. Basham and Dr. Frederic Bird.
Practical Midwifery—Dr. Andrews.
Comparative Anatomy—Dr. Hunter.
A Course of Lectures, illustrative of some of the more important points in Surgery, by G. J. Guthrie, F.R.S.

CLINICAL LECTURES ON

Medical, Surgical, and Obstetric Cases, are delivered throughout both Sessions, by Dr. Hamilton Roe, Dr. Kingston, Dr. Basham, Mr. White, Mr. Lynn, Mr. Hale Thomson, Dr. Andrews, and Dr. Frederic Bird.

⁂ Perpetual Pupils of the School are eligible as Candidates for the offices of Resident House Surgeon, and of Resident Clinical Assistant to the Hospital, with Board and Apartments *free of all expense;* as also for the offices of Assistant House Surgeon and Clinical Clerk. Pupils of the Hospital, and not of the School, are also eligible as Candidates, but their election is subject to the payment of Eighty Guineas for the office of House Surgeon, and Forty Guineas for that of Clinical Assistant.

In addition to the Prizes given in the respective Classes, others will be awarded by Mr. White and Mr. Guthrie.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—Session 1843-44, commencing Monday, October 2:—

Theory and Practice of Physic—Dr. Macleod.
Theory and Practice of Surgery—Mr. Hawkins and Mr. Babington.
Clinical Medicine—Dr. Seymour and Dr. Nairne.
Clinical Surgery—Mr. Hawkins and Mr. Babington.
Anatomy and Physiology—Mr. Tatum and Mr. Henry James Johnson.
Descriptive and Practical Anatomy—Mr. H. J. Johnson and Mr. Henry Charles Johnson.
Materia Medica—Dr. Nairne.
Midwifery—Dr. Lee.
Medical Jurisprudence—Dr. Page.
Botany—Dr. Dickson.
Chemistry—Mr. Brande and Mr. Solly.

A Course of Lectures, illustrative of some important Parts of Surgery, will be delivered gratuitously to the Pupils of the Hospital, by Sir Benjamin C. Brodie, Bart.

The Introductory Address on the opening of the Hospital School, for the Session 1843-44, will be delivered on Monday, October 2, at One o'Clock, p.m., in the Theatre of the Hospital.

Further particulars and Prospectuses may be obtained by applying to the Porter of the Hospital; to the porter of the Hospital Museum; or at the Anatomical Theatre, in Kinnerton-street, Wilton-place.

GUY'S HOSPITAL.—MEDICAL SCHOOL.—The WINTER SESSION will commence on Monday, October 16.

There will be no Vacation at Christmas, pursuant to the recommendation of the College of Surgeons.

Medicine—Dr. Addison and Dr. Babington.
Materia Medica—Dr. Addison and Dr. G. Bird.
Anatomy and Physiology—Mr. Cooper and Mr. E. Cock.
Anatomy, Physiology, and Diseases of the Teeth—Mr. T. Bell.
Practical Anatomy—Mr. E. Cock and Mr. Hilton.
Demonstrators—Mr. J. Birkett and Mr. Moody.
Surgery and Ophthalmic Surgery—Mr. Key and Mr. Morgan.
Midwifery — Dr. Ashwell, Dr. Lever, and Dr. Oldham.
Pathological Anatomy—Mr. T. W. King and Mr. Hilton.
Chemistry—Mr. A. Aikin and Mr. A. Taylor.
Botany—Mr. C. Johnson and Dr. G. Bird.
Medical Jurisprudence—Mr. A. Taylor.
Natural Philosophy—Dr. Gull.
Moral Philosophy—Rev. F. D. Maurice.
Microscopical Anatomy—Dr. Williams.

Clinical Lectures and Instructions will be given on Medical, Surgical, Ophthalmic, and Obstetric Cases, by the Physicians and Surgeons.

Dr. Gull and Dr. Nevins will assist in their studies those Pupils who are preparing for their Examinations.

Pupils will be permitted to attend the Eye Infirmary and the Obstetric Charity, and will also have the use of the Museums, Anatomical Model Room, Library, Reading-room, and Botanic Garden.

For particulars, apply to Mr. Stocker, Apothecary to the Hospital.

MIDDLESEX HOSPITAL SCHOOL of MEDICINE.—The WINTER SESSION will commence on Monday, October 2, 1843:—

Anatomy, Physiology, Demonstrations, and Dissections, by E. W. Tuson, F.R.S., Mr. Erasmus Wilson, and Mr. H. M. Rowdon.
Medicine, by F. Hawkins, M.D.
Surgery, by J. M. Arnott, F.R.S.
Midwifery, by J. North, F.L.S.
Materia Medica, by Mervyn A. N. Crawford, M.D.
Chemistry, by Mr. Everitt.
Forensic Medicine, by Mr. C. De Morgan.
Botany, by Mr. Rogers.
Clinical Medicine, by Dr. Hawkins, Dr. Wilson, and Dr. Watson.
Clinical Surgery, by Mr. Arnott, Mr. Tuson, and Mr. Shaw.

Perpetual Fee to the whole of the Lectures, £45.

The Introductory Address on the opening of the Session will be delivered by Mervyn A. N. Crawford, M.D., on Monday, October 2, at Two o'clock.

A Public Distribution of Prizes will take place at the termination of the Winter Session.

Two Prizes, the gift of William Tooke, Esq., F.R.S., of £15 and £10 respectively, will be awarded for general proficiency.

Clinical Prizes in Medicine and Surgery will be awarded by the Physicians and Surgeons of the Hospital.

A Theological Prize will be offered by the Chaplain of the Hospital to such Students as may be desirous of competing for it.

The Museum, Library, and Reading-room, are open for the use of the Pupils.

For further Particulars, apply to the Secretary of the Hospital.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL SCHOOL.—WINTER SESSION, 1843, commencing October 2.

LECTURES.

Medicine—G. Burrows, M.D.
Surgery—William Lawrence, F.R.S.
Descriptive and Surgical Anatomy—F. C. Skey, F.R.S.
General and Morbid Anatomy, and Physiology—Mr. Paget.
Superintendence of Dissections—Mr. McWhinnie and Mr. Ormerod.
Chemistry—Mr. Griffiths.
Materia Medica and Therapeutics—G. L. Roupell, M.D., F.R.S.
Midwifery, and Diseases of Women and Children—E. Rigby, M.D.

SUMMER SESSION, 1844, commencing May 1.

Botany—F. J. Farre, M.D., F.L.S.
Forensic Medicine—W. Baly, M.D.
Practical Chemistry and Natural Philosophy—Mr. Griffiths.
Comparative Anatomy—Mr. Mc Whinnie.
Midwifery, &c.—E. Rigby, M.D.
Clinical Lectures—On Medicine, by Dr. Roupell and Dr. G. Burrows; on Surgery, by Mr. Lawrence and Mr. Stanley.

Collegiate Establishment.—The Governors of the Hospital having resolved to establish the Collegiate System in connection with the Medical School, several houses within the Hospital walls have been lately fitted up for the Residence of a certain number of Students; and, under the direction of the Treasurer and a Committee of the Governors, every arrangement has been made which appears likely to promote the interests and comfort of the Students. The superintendence of the Establishment has been entrusted to Mr. Paget, the Resident Warden.

Further particulars, in regard to every department of the School, may be obtained from any of the Medical or Surgical Officers, or Lecturers, or on application at the Anatomical Museum, or the Library.

ST. THOMAS'S HOSPITAL.—The AUTUMNAL MEDICAL SESSION will commence on Monday, the 2nd of October, 1843.

Introductory Lecture—Mr. Grainger, at Two o'Clock.
Medicine—Dr. Marshall Hall and Dr. Barker.
„ the Exanthemata—Dr. George Gregory.
Surgery—Mr. Green and Mr. B. Travers.
Anatomy, General, and Physiology—Mr. Grainger.
„ Descriptive and Surgical—Mr. F. Le Gros Clark.
Chemistry—Dr. Leeson.
Materia Medica—Dr. Risdon Bennett and Dr. Wilks.
Midwifery, and the Diseases of Women and Children—Dr. Cape.
Diseases and Operations of the Teeth—Mr. E. Saunders.
Clinical Lectures, by the Physicians and Surgeons.

The SUMMER SESSION will commence in May.

Pathological Anatomy—Dr. Marshall Hall and Dr. Barker.
Ophthalmic Surgery—Mr. Mackmurdo.
Practical Chemistry, under the direction of Dr. Leeson.
Midwifery—Dr. Cape.
Forensic Medicine—Dr. Leeson and Dr. Risdon Bennett.
Botany—R. D. Hoblyn, A.M., Oxon.
Comparative Anatomy and Natural History—Dr. W. B. Carpenter, of Bristol.

Prospectuses, for further particulars of the Lectures and Hospital Practice, may be had by applying to Mr. Whitfield, resident Medical Secretary.

KING'S COLLEGE, LONDON.—MEDICAL DEPARTMENT, 1843-44.—The WINTER SESSION will commence on Monday, the 2nd of October next, at Two o'Clock, p.m., with an Introductory Lecture, by Professor Partridge.

Descriptive and Surgical Anatomy—Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—R. B. Todd, M.D., F.R.S.
Practical Anatomy is Taught in the Dissecting-rooms, by Mr. J. Simon and Mr. W. Bowman, F.R.S.
Chemistry—J. F. Daniell, F.R.S., and W. A. Miller, M.B.
Materia Medica and Therapeutics—J. F. Royle, M.D., F.R.S.
Medicine—George Budd, M.D., F.R.S.
Surgery—William Fergusson, F.R.S.
Midwifery, and Diseases of Women and Children—Robert Ferguson, M.D., and Arthur Farre M.D., F.R.S.
Comparative Anatomy—T. Rymer Jones, F.Z.S.

SUMMER COURSES.

Botany—Edward Forbes, F.L.S.
Forensic Medicine—W. A. Guy, M.B.
Chemical Manipulation is Taught in the Laboratory, by Dr. W. A. Miller.

KING'S COLLEGE HOSPITAL.

The Hospital is visited daily at Half-past One o'Clock.

Clinical Lectures are given every week by the Physicians, Dr. Budd and Dr. Todd; and by the Surgeons, Mr. Fergusson and Mr. Partridge. The Physicians' Assistant and Clinical Clerks, the House Surgeon, and Dressers, are selected by examination from the Students of the Hospital.

Residence of Students.—A limited number of Students may be accommodated with rooms in the College, and some of the Professors receive students into their houses.

Any further information may be obtained upon application to the Dean of the Medical Department, or to the Secretary, at the College.

August, 1843. J. LONSDALE, Principal.

SCHOOL of ANATOMY and MEDICINE, adjoining St. George's Hospital.—The SESSION for 1843-44 will commence October 2.

Introductory Address—Dr. Lankester, at Twelve.
Anatomy, Physiology, and Surgical Anatomy—Mr. Lane and Dr. W. V. Pettigrew.
Descriptive and Practical Anatomy—Dr. Pettigrew.
Extra Demonstrations — Dr. Pettigrew and Mr. Cane.
Chemistry—Mr. Rodgers.
Materia Medica—Dr. Lankester, F.L.S.
Midwifery—Mr. Bloxam.
Medicine—Dr. Goolden.
Surgery—Mr. Lane and Mr. Pilcher.
Medical Jurisprudence — Mr. Ancell and Mr. Warder.
Botany—Dr. Cooke, F.L.S.
General Pathology—Mr. G. Robinson.
Dental Surgery—Mr. J. Durancé George.
Aural Surgery—Mr. Pilcher.
Practical Chemistry—Mr. Rodgers.

General Fee, qualifying for the University of London, College of Surgeons, Apothecaries' Hall, and the Army and Navy Boards, 40 Guineas.

Prospectuses and further particulars to be obtained at the School, No. 1, Grosvenor-place.

PROVINCIAL MEDICAL JOURNAL

And Retrospect of the Medical Sciences.

No. 157.] LONDON, SATURDAY, SEPT. 30, 1843. [PRICE SIXPENCE. Stamped Edition Sevenpence.

MEDICO-LEGAL CASES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In common, I presume, with the profession generally, I am always interested by the description in our Journal of cases presenting any unusual feature, or enforcing any useful maxim. The following briefly-related cases will, at any rate, serve to show that, although I prefer the more leisurely task of deriving instruction from the erudite communications of others, I am yet willing to add to our weekly store of records from the book of nature.

I am, Gentlemen,
Your obedient servant,
J. Deane, Surgeon.
Chatteris, September 19, 1843.

M. B., a female child, aged seven, was the subject of sexual violence from an adult May 29, 1840. The crime was committed with the consent of the child. On examination I found every proof of a most determined effort at copulation, but the most absolute proof of its failure. The semen was scattered about the external parts, and some had penetrated between the nymphæ; the violence had been excessive, as was evinced by the inflamed state of the parts, but the chief feature of the case consisted of a number of small wounds, no doubt inflicted by the finger-nail; as many as five in number were visible, the chief of which were one on the base of the clitoris, the other along the body of the hymen, transversely penetrating this membrane, but in such a way as not to infringe on its crescentic margin. I found, on inquiry, that the pain inflicted had at last led the child to resist.

Now, the point to which I wish to allude to is this: the wound in the hymen could not have been made with the penis, for the crescentic margin first yields in sexual intercourse; it was, from its aspect we may at once pronounce, made with a pointed instrument; supposition at first, and afterwards the child's statment, coincide in referring it to the finger-nail. But suppose the finger had entered farther, so as to have torn the hymen throughout, what evidence would the examination have led to?—would it not have led to the conclusion that the capital crime had been committed? The visible folds of the hymen would have proved at once that it had existed in the special party, and that it had been recently torn; the other marks of violence would have indicated the presence and onset of lust; the whole scene would have been pronounced one of the plainest cases of rape. We must see from this case the difficulty of deciding questions of assault, and shall, perhaps, come to the conclusion that the law should not, in such extreme cases, where violence has been so far inflicted, detain the medical witness with minute questions as disgusting in their nature as they are unanswerable.

I have a medico-legal case at present, but it has no bearing on the preceding; it is a case of wound inflicted with a knife, under the pretence of inflicting it with the fist.

I was requested on Sunday, September 17, to see E. B.; she told me that a sweep, a rival in trade with her husband, had struck her last night with his fist, and that she suffered very much from the blow. On examination I was satisfied that it was an incised wound. The man had been arrested for a common assault. I directed proper applications, and a purgative; and left her, intending to see her again next morning. Towards evening, Superintendent Atkinson having heard my opinion, and wishing an oral and direct statement, I took the precaution to examine the case with more precision, knowing it would come before a court of justice, and willing, in so clear a case, to add my unit to that mass of influence with which the public and the law ought to bear down upon so cowardly a crime.

I found a small punctured wound situated over the right superciliary ridge to the right of its centre, extending in direction upwards, and slightly inwards; a quarter of an inch in length externally, but fully one inch and a half internally; the instrument used having slided upwards through the fascia and occipitalis along the bone, dragging the skin upwards at the time. The wound is such as would be made with a pointed instrument, and exactly fits a knife found in the man's pocket by Sergeant Chambers. The knife must have been planted with some force, and in a direct line on the skull, but was diverted from the straight course by the strength of the superciliary ridge, so as to have been thrown upwards. The upper edge of the wound is of the same width as the back of the blade of the knife, a few lines from the point, and thus shows that the narrowness of the wound externally depended on the knife having been advanced with its edge downwards; and the extent of the internal wound has depended on the point of the knife cutting through the subjacent tissue, while its broader back has drawn the skin up at the moment of incision to the highest limit of the internal wound. The lower edge of the wound tapers to a minute and sharp edge, dwindling into a line where the skin is seen indented below the wound by the pressure of the edge of the instrument, which has left a well marked line across the skin and eyebrow. The point of the knife found on the man's person is bent a little *inwards*, as it would be from such a thrust on a forehead, a little everted, not *outwards*, as it would be if that bend had been made (as he asserts) in scraping out the contents of his pipe.

Malice aforethought can be proved by numerous persons, and in his merry moments the defendant has been heard to say that he would sweep the town (alluding to his business), and that he would stick B. and his wife. There is no doubt the deliberate object was to kill with the appearance of death resulting from a common blow, and thus to save himself, forgetting that the appearance of the wound would explain its nature to any medical man. The man persists with the boldest effrontery that he used nothing but his fist. Had the knife entered but half an inch lower, it is needless to say that death must in all probability have occurred from penetration of the brain through the orbitar plate. The chief injury is delusive, because subcutaneous, and if I had not ordered the unbinding of the wound, and inspected it with great care, and had fascial inflammation set in with erysipelas, and terminated fatally, I should not have then perhaps discovered the origin of so much mischief. It seems, therefore, that in these days of stabbing we ought to examine all blows attributed to the more orthodox source of pugilism, lest the dagger of the assassin may have been artfully substituted for the hasty blow of anger.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, SEPTEMBER 30, 1843.

In a late Number we inserted a letter from "A Subscriber," suggesting to those members of the profession, who are connected with the health of towns' commission, the propriety of inquiring to what extent the excessive mortality, which occurs in large towns among children under five years of age, may be ascribed to the injudicious interference of druggists and other ignorant persons. The suggestion is an important one, and well worthy of attention. There would be, however, much difficulty in arriving at results worthy of confidence, since, from the operation of prejudice—from the wish for concealment of practices of which even those who have recourse to them are not unfrequently ashamed—from an undefined sense of moral accountability on the part of the friends, and from other causes—little dependance could be placed on any direct inquiries instituted for this purpose.

There is, however, a method by which some valuable information bearing on the question might be obtained, and one which is entirely within the power of the Registrar-General, aided by medical practitioners, to carry out. It will be recollected by many of our readers that, some time back, a correspondence took place between Mr. Bree, of Stowmarket, and Mr. Farr, respecting the advantages which would arise were medical practitioners to give some form of certificate to the registers of deaths, whereby in all instances the presumed cause of death might be more accurately and definitively stated than is at present done. It is evident that were this plan fully carried out in any one place, there would be the collateral information derived of the number of deaths occurring among those who had, from some cause or other, been unable or unwilling to obtain medical assistance. We are inclined to believe that amongst children, especially those belonging to the poorer classes, very many deaths would be found to occur without any remedial measures having been adopted, under the direction of a competent medical adviser, to stay the progress of the disease. Such instances of death must, of course, be unaccompanied by a medical certificate, and the number of entries on the register's book without this certificate would at once show the number of those dying without any apparent attempt having been made for the relief of the sufferer.

But, although instances of entire and unnatural neglect do occasionally occur, so as to lead to the abandonment of a sick child or relative to the ravages of disease, without an effort to stop them, or an attempt to avert the fatal termination, cases of this description must be viewed as exceptional; and there can be no material fallacy in assuming, on the other hand, that, unless where the death is so immediate as to become the subject of inquiry before the coroner, advice of some description has been sought. Were the registration of deaths, therefore, conducted so as to obtain in all instances a certificate of the cause of death from the medical practitioner in attendance, it would be fair to presume that in every case, or at least in the great majority of cases, where the regular certificate was wanting, the treatment had been committed, from some cause or other, to ignorant and unqualified persons, such as druggists and their apprentices, empirics of various descriptions, nurses and midwives, amateur practitioners, busy neighbours, or some old female relation, deeply imbued with the love of Buchan.

Were this plan duly carried out, we feel assured that a fearful sacrifice, both of adult and infant lives, but especially of the latter, would be revealed. Still this information, valuable as it would be, would afford only partial evidence of the mischiefs arising from the dabbling with drugs by the ignorant and the ill-informed. The extent to which counter-practice is carried on by the second-rate druggists and their apprentices in some of our large towns, and the mischiefs resulting from it, must be witnessed to be fully appreciated. The applications for medicine for various complaints by the poorer classes, and, we are ashamed to say, by some of those who ought to know better, and to discourage by advice, instead of encouraging by example, such practices, are so numerous as in many instances to form the chief source of profit of these establishments. In fact, the druggist has in many places become the substitute for the apothecary, and, without either education or responsibility, undertakes, upon the strength of a few hasty inquiries into symptoms, of the nature and import of which he is profoundly ignorant, to give powerful drugs, in nine cases out of ten neither suitable in dose, in their application to the disease itself, nor to the constitution of the patient.

Opium, mercury, and iodine, and some drastic cathartic pills, are the most frequent and favorite medicines dispensed to all applicants; and we scarcely know whether more mischief is done by the indiscriminate administration of these purging pills to adult dyspeptics, of soothing syrups and other forms of opiates to infants and young children, or of calomel and blue pill, in the midst of the scrofulous and squalid population, from the ranks of which their customers are chiefly derived.

It is especially from the indiscriminate use of mercurials and opiates not only that a great sacrifice of infant life takes place in towns, but also a very material deterioration of the powers of the system and of the constitution in after life. Medicines of the former class—mercurials—are administered to a great extent in the families of both rich and poor—in the one case by domestic prescription, in the other by the direction of the druggist or his shop-boy. The latter are the great resource of indolent nurses and careless or imprudent mothers, to quiet what are termed fretful infants; and in like manner, and with the same views, are dispensed by the druggist, who takes his cue from the desire for rest expressed by the mother; and regardless of the well-being of the infant, as well as ignorant of the methods of providing for it, all parties conspire to mask the disease under which it is laboring, by stupifying its sensibility, until the foundation for incurable organic change is laid, and it either dies or grows up weakly, and a burden to itself and all connected with it.

We fear that there is little probability of reaching mischiefs such as these either by statistical inquiries or legal enactments. Still the attempt should be made; and while, by the attainment of that measure of information which we can come at, we may be able to instruct the public mind, now deeply in ignorance upon these matters, and to warn parents and friends of the manifold evils and dangers of the practices now so extensively followed, by proper legal provision making druggists and others responsible for their homicidal acts, a preventive check might to some extent be placed upon the evil. Were a sufficient case also made out, through the Registrar-General's office, there would be a clear and decided call for legislative interference, which neither Parliament nor the Government could well refrain to attend to. It is, therefore, much to be wished that all those engaged in the practice of medicine should comply with the expressed wishes of the Registrar-General, by forwarding, in every instance, a faithful record of the fatal cases occurring in their practice. The information thus collected would be available, in many ways, as a valuable contribution to statistics, as tending to define our views on the causes of disease in general, and to suggest practical rules for the prevention of many diseases which now press heavily on different classes of the manufacturing population, or materially interfere with the comfort and prosperity of the inhabitants of some districts of the country; while, by showing the effect of the too frequent neglect of proper medical treatment among the children of the poor, it will indirectly afford that evidence of the mischiefs resulting from the exhibition of powerful medicines by illegal and unqualified persons, which is required to compel the attention of those in authority to the reiterated representations made to them on this subject.

CONTAGIOUSNESS OF PUERPERAL FEVER.

The readers of this Journal no doubt recollect a most important letter from Mr. Storrs (Provincial Journal, April 23, 1842), showing the close connection between erysipelas and puerperal fever, and the great risk there is of producing the latter disease by infection or contagion from erysipelatous patients. The subject is one of such extreme importance, not only as regards the lives of the patients, but also the character and prospects of the medical attendant, that it cannot be investigated too frequently or too searchingly; and we are glad to find a paper by Dr. O. W. Holmes, in an American contemporary, in which the contagiousness of puerperal fever is fully borne out.

THE WATER-CURE AT MALVERN.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—In one of your late Journals there is a lengthened paper inserted, which purports to be the correct account of a case of disease treated by myself in the first instance, and subsequently by Dr. Hastings, of Worcester, whose comments are appended to it. As it contains statements and remarks that are libellous, and highly defamatory of my professional character, and, moreover, are utterly devoid of truth, I claim the right of reply in the journal which gave them publicity.

The subject of the case, Probart, was a carrier between this place and Worcester, and notoriously addicted for a great many years past to hard drinking, which had, indeed, reduced him to poverty. He was sixty-four years old, and had suffered from gout for above thirty years; he had also other complaints, with great difficulty of breathing, and considerable disease of the heart, of which there was every symptom. He applied to me twelve months ago, and I treated him without any remuneration. He was only a fortnight under my care, and his improvement in every respect was so great that it made a sensation in the village and neighbourhood. He remained well for three months, attending to his ordinary occupation, and, as his son has told me, to the day of his death spoke of the "water-doctor having done him more good than any one." From that time, nearly twelve months ago, I refused to have anything to do with him; he had returned to his old drinking propensities, of the certain results of which he was warned by myself and by others, among them by Mr. Trent, a gentleman of the highest respectability residing near this place; to whose warning Probart replied, "that if it killed him he could not leave off the drink." During these months I frequently spoke to him in the street. On one occasion he said he was taking acid and laudanum in large quantities, by the advice of a kind lady." Later still I saw him with a swelled and ghastly face, and all the appearance of a dying man. Inquiring the cause, he replied, "They gave me a deal of mercury, and did not tell me; I went out, and got wet and cold, and my gums and throat were so sore and swelled that I could not swallow for upwards of a week. I feel all rotting inside." He was soon laid up again, and Dr. Hastings and Mr. Addison went on with their treatment. Here, then, is a poor man who had been destroying his constitution for years by every kind of intemperance, subjected in a careless manner to the destructive effects of mercury, which ended, as every scientific medical practitioner might have anticipated in such a case, in dropsy, utter destruction of the constitution, and death. And yet Dr. Hastings, because it serves a certain purpose, has the effrontery to assert that a short treatment by myself, nearly twelve months previous, followed by comparative health for three months, was the cause of his death, and not, as is evidently the case, the result of the poor man's own imprudence, assisted by the most unjustifiable and injudicious treatment on the part of Dr. Hastings. God forbid that I should for a moment harbour the thought, or suppose this to be more than error on the part of his medical attendants. However, Sir Astley Cooper says (in the "Lancet," April, 1824), "Mercury is by no means an unfrequent cause of dropsy," and a host of medical writers enumerated by Dr. Copland in his "Dictionary of Practical Medicine," art. Disease of the Heart, say that "long-continued intemperance causes disease of the heart."

I have the honor to be, Gentlemen,
Yours obediently,
James Wilson.

Great Malvern, Aug. 14, 1843.

[The passages which we have omitted are so utterly irrelevant to the case of Probart, are so personal and libellous in their character, and partake so much of the nature of an empirical advertisement, that we cannot think of occupying our pages with them. In the individual instance of Probart the question is purely one of credibility between Dr. Hastings and Mr. Addison, two gentlemen of unblemished reputation and the highest professional character, on the one hand, and Dr. Wilson on the other. In a postscript to his letter, which we subjoin, Dr. Wilson requests the insertion of a favorable case as a set-off to the case of Probart. We would, however, observe that Dr. Kinglake could have produced many such, but the question is not whether gout may be occasionally cured under the cold-water treatment, but whether this treatment can be safely had recourse to. To this subject, however, we purpose to return on another occasion.]

P.S.—I may also in fairness request the insertion of the following authenticated case as a set-off to the one you have published, which was intended, and most likely will injure my professional reputation and interests:—

CASE OF GOUT.

Malvern, Sept. 16, 1842.

My Dear Sir,—I cannot take leave of Malvern without again expressing to you my thanks for the encouragement you gave me to try the effect of the water-cure as you practise it, and for your kind attention to me during the time I have undergone the treatment. I have now gone through the perspiring process, followed by the bath, fifty times, with the other parts of the treatment; I found them anything but disagreeable, indeed I may say quite the reverse, and they have been most beneficial to me. During nine months before I came here I was never able to move without my crutches, and a great part of that nine months I passed in my bed or on the sofa. My nights were restless, my pulse high, and my tongue charged. I am now turned sixty-three years of age, and have been subject to the gout more than forty years; I paid little attention to it for the first twenty years, and as soon as the fit was over I never missed taking my wine daily. My knees, hands, and other parts were so crippled that I had made up my mind to pass the rest of my days in my arm-chair or bed, or to hobble about with my crutches. The effect of the treatment has so ameliorated my situation, that I can now go up and down stairs with ease and comfort without a stick, and the other day walked half a mile on the high road. I frequently ride on horseback four hours a-day, and my general health, I thank God, is as well as ever it was in my life; I sleep well, my appetite is good, I can use my arms freely, and tie my neckcloth—a thing I had not been able to do for years; in fact, I feel myself comfortable and independent. Had I come here a year ago, and undergone the same process, I have no doubt but I should have saved my left knee from being contracted; as it is, I am contented to walk a little lame, and shall be too happy to remain in the same state I am in at present for the rest of my days. Pray excuse this long scrawl, as I know you have not a minute to spare, and believe me,

My dear Sir,
Yours most truly,
T. C. Marsh.

Park-hall, Epping, Essex.
16, Rue Matignon, Paris.

P.S.—It is now nearly twelve months since this letter was written; and a few weeks ago Admiral Beauman received a letter from Mr. Marsh, in which he stated that "he is still in perfect health, with every prospect of continuing so."—J. W.

PROPOSED TEST OF THE COLD-WATER CURE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

Gentlemen,—It is, I believe, alleged that the cold-water treatment, so called, is sufficient to cure all curable diseases, and that medicines are, therefore, useless, if not injurious. It occurs to me that it might be ascertained by a very easy and simple experiment, not whether the above allegation be true, for that could not be ascertained in the positive, except by an inquiry almost as boundless as animated nature itself, and occupying not the life of one man, but many successive ages; but it might be easily ascertained by a very simple experiment, whether the cold-water treatment is sufficient to cure *one* single disease.

Let a given number of patients—say six or twelve—laboring under the same disease, be placed in any public hospital—let the cold-water treatment be applied to one-half the number, and the ordinary medical treatment to the other half, and let the result be examined, and reported on at the end of a given time.

It will not be right to select for the experiment patients in fever, or small-pox, or measles, or scarlatina; because recovery takes place in all these diseases, more or less frequently, under every method of treatment, and the cases of recovery under medical treatment are not regarded, except by the quack or ignorant patient, as cases of cure, but only as cases of recovery, more or less aided by the medical treatment. Besides, there would be a moral impropriety in making these severe and dangerous diseases the first subjects of an experiment that might, possibly, compromise life.

It will not be right to select rheumatic, or gouty, or dyspeptic, or hypochondriac patients, both because they also recover under a great variety of methods of treatment, and because gouty and rheumatic pains, and hypochondriac and dyspeptic sensations may be simulated, or recovery may be alleged to have taken place where it has not, or not to have taken place where it has.

A disease should, therefore, be selected which is,

First, Of such a nature that an experiment may be made on it with safety to the patient.

Secondly, Which is visible and tangible, and what cannot be simulated or misrepresented, or misunderstood.

Thirdly, From which there is no spontaneous or natural recovery, and in which, therefore, if recovery takes place, it is fairly attributable to the remedies used; and,

Lastly, A disease for which medical art at present possesses a certain remedy.

The disease commonly called psora, or the itch, possesses all these requisites, and is, therefore, suited for the experiment. Let six itch patients, therefore, be subjected to the cold-water treatment, and six more to the common medical treatment by sulphur, and let the results be compared at the end of a fortnight. It will be then ascertained whether the cold water treatment can cure *one* single disease, and if it does, whether it does so as speedily, as certainly, and with as little trouble and expense to the patient as the present medical method.

If the result of the trial in this disease is favorable to the cold water system, further trials upon a similar plan may then be made on other diseases, and the real merits of the system satisfactorily ascertained. If the result of this first experiment be unfavorable to the system, the statement of its propounders and partisans must be modified, so that instead of saying it cures all curable diseases, they must limit themselves to the statement that it cures all curable diseases except the simplest and most easily curable of all, the itch.

I am, Gentlemen,
Your obedient humble servant,
JAMES HENRY, M.D.
Fitzwilliam-square, Dublin, Sept. 13, 1843.

PRIVILEGES OF THE ROYAL COLLEGE OF PHYSICIANS.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Your remarks in reply to my former letter are so far satisfactory, as they admit that the College of Physicians has the right to give a license to practise as a physician, independently of the possession of a diploma from any university. *Such a license, indeed, is all that the laws of the kingdom require, in order for any one to act as a physician;* and any degrees or diplomas that the physician may be additionally possessed of, excepting only a degree from Oxford or Cambridge, can merely be regarded in the light of honorary distinctions, and as conferring no right or privilege whatever.

It is well known that the great majority of provincial physicians possess only these honorary degrees; and that they consequently are altogether illegal practitioners; but although this is the case, I am far from wishing, in the present confused state of medical polity, that such practitioners should in any way be interfered with, possessing, as I believe them generally to do, the moral qualifications for practising as physicians; yet, as a medical reformer, though with a conservative bias, I do not therefore think it unimportant for us to recollect the true state of the case. So much for the legal right of extra and intra licentiates of the college, who are not graduates of an university, to practise as physicians.

With regard to their intrinsic qualifications and moral right, these I cannot but regard as perfectly satisfactory, when we recollect the extended character of the curriculum of the college, particularly that part of it which requires at least three years' attendance on the medical practice of a British hospital; to which may be added the practical character of the examination by the president of the college and three of the elects.

There can, indeed, be no doubt in the mind of any one who is acquainted with the acts of Parliament relative to the subject, that when the College of Physicians, five or six years since, "vindicated its claims to be the source of professional honor, by regarding in the same light, and addressing by the same appellation, all who have obtained its diploma, whether they had graduated elsewhere or not," it overstepped neither the spirit nor letter of the laws, which have invested it with the power of governing and legislating for the whole faculty of medicine within its jurisdiction.

I am, Gentlemen,

Your obedient servant,

MEDICUS.

RETROSPECT
OF THE
MEDICAL SCIENCES.

ON THE DETECTION OF ARSENIC IN MEDICO-LEGAL RESEARCHES, BY REINSCH'S TEST. BY ROBERT CHRISTISON, M.D., PROFESSOR OF MATERIA MEDICA IN THE UNIVERSITY OF EDINBURGH.

It is now generally known in this country that, towards the close of last year, Professor Reinsch proposed an entirely new method of detecting arsenic, which consists in acidulating any suspected fluid with hydrochloric acid, heating in it a thin plate of bright copper, upon which the arsenic is deposited in the form of a thin metallic crust, and then separating the arsenic from the copper in the state of oxide, by subjecting the copper to a low red heat in a glass tube. Organic fluids and solids, suspected to contain arsenic, may be prepared for this process by boiling them for half an hour with a little hydrochloric acid, solid matters being cut into small shreds, water being added in sufficient quantity to let the ebullition go on quietly, and care being taken to continue the boiling until the solids are either dissolved, as generally happens, or are reduced to a state of minute division.

But Reinsch's test, as it is often called, is not to be regarded as in strict language a test, adequate to prove the existence of arsenic. Chemistry requires no new test for determining the nature of arsenic, once it has been detached by itself for examination. It is true, that the separation of arsenic upon copper, from a state of solution, by means of hydrochloric acid and heat, is a new fact in chemistry. And the experiment furnishes a test so far, that, if the copper be not tarnished, arsenic cannot be present. But though Reinsch's discovery thus supplies a prompt and certain negative test, it cannot be regarded as a positive one, when the copper does acquire a metallic coating; because, as he himself has pointed out, bismuth, tin, zinc, and above all antimony, will in the same circumstances yield a coating to copper, different indeed in some degree from that formed by arsenic, yet sufficiently similar to render it absolutely necessary that the deposit be examined otherwise than by ocular inspection only. Reinsch's process, however, is of far greater value than if it had merely presented chemical science with a new test for arsenic. It constitutes the simplest, easiest, and most secure mode of separating arsenic from the most complex states of mixture, in such a condition, as to enable the experimentalist to apply to the metal with great facility any of the characteristic tests already known.

The question then is, having thus an admirable method of obtaining the arsenic for examination, what are the most advisable properties to employ for testing it? What tests furnish in the circumstances the best evidence? For this is the point to which all chemical inquiries in medical jurisprudence ought to tend.

In my opinion, no method of testing approaches the following in facility, delicacy, or conclusiveness. Cut the copper, on which the arsenic is deposited, into small chips, so that they may be easily packed in the bottom of a small glass tube; and apply a low red heat. A white crystalline powder sublimes; and if this be examined in the sunshine, or with a candle near it, a magnifier of four or five powers will enable the observer to distinguish the equilateral triangles composing the facets of the octaëdral crystals, which are formed by arsenious acid when it sublimes. Sometimes the three equal angles, composing a corner of the octaëdre, may be seen by turning the glass in various directions. If triangular facets cannot be distinguished, owing to the minuteness of the crystals, then shake out the copper chips, close the open end of the tube with the finger, and heat the sublimed powder over a very minute spirit-lamp flame, chasing it up and down the tube till crystals of adequate size are formed. Next boil a little distilled water in the tube over the part where the crystalline powder is collected; and when the solution is cold, divide it into three parts, to be tested with ammoniacal nitrate of silver, ammoniacal sulphate of copper, and sulphuretted hydrogen, either in the state of gas or dissolved in water.

I have employed the preceding method, says Dr. C., in two medico-legal cases. In one—where the body had been buried for four months, and where the arsenic had been detected in the contents of the stomach by Marsh's method, and in a portion of the liver in the same way, preceded by Orifila's process for the destruction of animal matter—I succeeded very easily in obtaining from about a sixth part of the stomach, after it was thoroughly washed, repeated steel-colored crusts upon copper, which, when heated in a tube, gave out white crystals with triangular facets; and the solution of these crystals gave characteristic indications with the three liquid reagents—ammoniacal nitrate of silver, ammoniacal sulphate of copper, and sulphuretted hydrogen water. In the other case, also four months after interment, the contents of the stomach, boiled with muriatic acid and filtered, were not visibly altered by a stream of sulphretted hydrogen gas which was applied to a drachm of the fluid. Nevertheless Reinsch's method yielded precisely the same results as in the former instance. A portion of the liver, amounting to a sixth of the whole organ, which had been sent from the country along with other materials for analysis, was then subjected to the same process. Arsenic was also indicated, but in very minute quantity. I was satisfied with the application of one liquid reagent to the solution of the sublimate—namely, the ammoniacal nitrate of silver; but there was solution enough for all three. By the same method as that applied to the liver I obtained arsenic in larger quantity from one half of the stomach.—*Abridged from Lond. and Ed. Journ. Med. Sci.*, Sept., 1843.

ANTAGONISM OF VARIOUS DISEASES. COMPARATIVE INFREQUENCY OF CONSUMPTION AND TYPHOID FEVER IN MARSHY DISTRICTS, BY M. BOUDIN.

M. Boudin has, we believe, succeeded in establishing the fact that both phthisis and typhoid fever are extremely rare in marshy districts, that this infrequency depends on a kind of protective agency exerted by the marsh miasm, and that the immunity is always proportioned to the degree of *impaludation*. It had been shown by M. Chassinat that phthisis is much more prevalent among the galley-slaves at Toulon than at Rochefort; and that amongst the galley-slaves at Brest, also, the victims of that disease are nine times more numerous than at Rochefort, which is proverbially marshy. Having decidedly ascertained the influence of a marshy soil in the department of *Charente Inferieure,* M. Boudin wished to obtain certain data respecting the frequency of phthisis and typhoid fever in the marshy localities of *l'Ain.* For this purpose he wrote to several physicians, and especially to M. Nepple, from whose answer the following is an extract:—"For my part," says, M. Nepple, "I have not the slighest doubt of the scarcity of phthisis in very marshy places, and this scarcity has always appeared to me to be in direct relation with the intensity of *impaludation.* Thus, whilst in the *communes,* situated in the midst of the marshy country, there does not occur a single case of phthisis, we find the number of them constantly increasing in proportion as we recede from the marshes. So that, at a certain limit, we find tubercles and intermittent fevers coexisting; but under these circumstances the endemic intermittent is but of little intensity.

Thus, at Montreuil, phthisis is anything but rare, though intermittent fever occurs annually, but the miasmata producing this fever, before they can reach the town, have to pass the distance of a quarter of a league, and their influence is slight, superficial, temporary, and purely productive of fever. The entire system is not influenced or modified in such a durable way by them as to oppose the development of tubercle. It is altogether different in the midst of the marshy districts."

The following is an extract of a letter from M. Picoud, of Bourg, on the same subject:—"After more than forty-five years of practice, I have never found a case in opposition to your observations. I have in vain taxed my memory and consulted my notes; I have not met with any trace of tubercular disease occurring in the marshy districts. Wishing seriously to come to a true decision, I have not depended on myself alone, but have consulted many of my colleagues, and especially Dr. Huldelet, who has been for a long time physician to the hospital, and who has an extensive practice in the country about Villard, Marlieux, and other *communes* situated in the centre of the marshes; and he cannot bring to mind a single instance of phthisis occurring in those districts. I have remarked that the children of wealthy parents who are sent from home to be educated, lose the benefit of the marshy country."—*Gaz. des Hopitaux,* September 2, 1843.

INDIGO IN THE URINE.

Dr. Schmitz, who has the direction of the hydropathic establishment at Marienburg, sent to Dr. F. Simon a quantity of some deep blue-colored urine, informing him at the same time that it had been passed by a patient who strictly adhered to the usual regimen observed in the hydropathic establishment at the time when this urine was voided, and had taken no other medicine but cold water. The quantity of the urine sent was but small; it had an extremely strong ammoniacal reaction; when it had stood for some time at rest it became of a clear yellow color, and then threw down a considerable quantity of a a dark blue sediment. On Dr. F. Simon observing the sediment with the microscope, there was seen merely an extremely fine precipitated amorphous mass, which was the carrier of the blue color, with a few crystals of ammonio-magnesian phosphate. A portion of the sediment washed and dried was treated with caustic potash, by which it did not lose its color; accordingly, it could not be either iodine or Prussian blue. Diluted organic acids and hydrochloric acid did not dissolve it, nor did they destroy the color; nitric acid digested with it destroyed the color, the blue was changed into yellow; concentrated sulphuric acid digested with the blue sediment dissolved it with an indigo blue color; a portion of the sediment heated on a platinum dish at first exhaled the smell of urine, and then escaped with deep violet-colored vapors.

The principal proof that the blue sediment was colored by indigo was inferred from the following reaction, which had been obtained in the laboratory of Dr. Mitscherlich. When it was heated with diluted alcohol, to which a certain quantity of sugar and free potash had been added, the blue color disappeared, and the fluid becomes a reddish yellow; This reddish yellow fluid, on being shaken, becomes an intensely blood red, and suddenly passes into a green; but when this fluid, which had become green, was now left at rest, the green color is again changed into a red yellow. From all these phenomena of reaction, it follows that the blue coloring of the urine depended on indigo. The question is as important as it is interesting—whether in this case, as it would appear from the communication of Dr. Schmitz, the indigo was produced spontaneously, or in consequence of a certain transference of the nitrogenised formations of the body—or whether it passed into the urine in consequence of indigo having been eaten—or, lastly, whether it was introduced from without. Probably Dr. Schmitz might be able to solve this question. It seems important in consequence of the circumstance that Dr. Prout, in his work "On the Nature and Treatment of Stomach and Urinary Diseases," London, 1840, gives a case of idiopathic indigo formation where this coloring matter was found in the urine after the use of Seidlitz powders.

In the second number of Simon's "Beiträge" this case is further noticed, and some misconceptions are corrected. This blue urine was not observed in the establishment conducted by Dr. Schmitz, but in Gräfenberg. The patient, a man who had lived for a long time in the East Indies, and had returned to Europe in order to recover his health, states positively that he took nothing to his knowledge which could at all have contributed to produce the blue urine. Dr. Schmitz, who obtained a part of the blue urine from the patient, had it examined by a chemist; he also sent specimens of it to Drs. Bouchardat, Liebig, and Prout. They all agreed with respect to the quality of the pigment contained in it that it was not indigo, but some other organic coloring matter. The description of the chemical properties of this pigment by Bouchardat is as follows:—It (the sediment) is partly soluble in æther and alcohol; nitric acid destroys its color; oxalic acid dissolves it; caustic potash disengages ammonia from it, and on the application of heat destroys the color; sulphuric acid produces no change in the color. As Dr. Schmitz assured Dr. Simon that it was a part of the same urine examined by him that had been sent to Bouchardat and the other chemists, he thinks it necessary to add to the question above proposed the following item—viz., whether it is possible that a blue pigment, which is not indigo, should pass into indigo outside the animal body.—*Dr. F. Simon's Beiträge, &c.*

URINE IN BRONCHITIS.

In slight bronchitis, or what is commonly called rheum or cold, the urine may remain in the normal state; sometimes it assumes the febrile characters. These characters—sub-diminished quantity, increase of density, of color, sediments, &c.—present themselves in general during the first two or three days of the disease, probably owing to this circumstance, that the individuals affected have continued their ordinary employment notwithstanding the disease had commenced, or else to the disturbance which this affection, however slight it may be, had occasioned in the general system; after two or three days' rest this state of the urine disappears, and it assumes its normal character.

In severe acute bronchitis, which gives rise to strong reaction and to intense dyspnœa, and more especially in capillary bronchitis, the urine puts on the characters of the febrile state in an extreme degree; it becomes diminished in quantity, of a very deep color, increases in density, and frequently presents sediments of uric acid, either spontaneously or occasioned by the addition of a small quantity of nitric acid; the urine also frequently contains in this disease a considerable quantity of albumen; and probably capillary bronchitis is the disease which most frequently occasions the presence of this proximate principle in the urine. It is not unlikely that to the presence of this new element is to be attributed the very great dyspnœa which accompanies capillary bronchitis, and which causes a sanguineous congestion in the principal viscera of the abdomen, and more especially in the kidneys. This congestion may, I think, account for the presence of the albumen. In the period of convalescence there is observed that which is seen in all acute diseases. The urine will either return to the normal state, or will assume anæmic characters (diminution in the quantity of the solid matters held in solution in the urine); the urine is then pale, and of small density. This last effect is produced, especially if the patient has been much debilitated, either by the disease itself or by the means employed to combat it.—*Semeiotique des Urines per Becquerel.*

URINE IN PNEUMONIA.

It may be laid down as a general principle that, when an inflammation of the lung occurs in an individual hitherto in good health and tolerably strong, the urine becomes febrile, diminished in quantity, high-colored, &c. These characters are more especially marked when the disease is most intense; then, according as the disease declines, the urine gradually returns to its normal state; and it is but rarely, and as an exception, that the urine presents febrile characters when the pneumonia has reached the stage of resolution.

In convalescence from pneumonia the urine sometimes presents the natural healthy appearance; sometimes it is paler, less dense, and anæmic. The last case occurs chiefly when the disease has been treated by profuse blood-letting. When pneumonia attacks an individual whose constitution has been wrecked previously by any cause, it may happen that the urine will not assume the febrile characters, and that notwithstanding the intensity of the pneumonia and of the accompanying fever, this secretion is scarcely more highly colored than in the natural healthy state, and presents no disturbance or sediment at any period of the disease. It may be well to observe that pneumonia is one of those diseases in which the coloring matter of the urine is most increased.—*Ibid.*

STATE OF THE URINE IN CIRRHOSIS OF THE LIVER.

At the commencement of cirrhosis, and especially if it follow a chronic course, the urine may not present any perceptible changes. Whenever jaundice exists, the urine puts on a saffron yellow color, and contains a variable quantity of the coloring matter of the bile. The presence of this substance does not prevent the appearance of the following properties. Every time the cirrhosis attains a certain degree, and gives rise to the production of functional symptoms of a certain intensity, the alteration of the urine is perfectly analogous to that which occurs in cancer of the liver. Its characters are as follows:—Quantity of urine is very scanty; orange yellow color very deep, and often reddish; density increased; great acidity. It is charged with a large quantity of uric acid, which is precipitated, either spontaneously on cooling or by the addition of a little nitric acid. This precipitate, which in general is rather copious, is almost uniformly of a bright red color, and somewhat like cinnabar. What is the cause of such a change?—is it owing to the venous congestion produced in the cortical substance of the kidneys by the powerful obstacle caused to the abdominal circulation, in consequence of the obliteration of the divisions of the vena portæ? This may be so, since we see a similar effect produced in diseases of the heart and in pulmonary emphysema when they have attained an advanced stage, one of the consequences of which is to produce a mechanical congestion of the kidneys; but it is impossible to state it positively, and certainly to account for it. The appearance of these abnormal properties in the urine always indicates that the cirrhosis, in whatever stage it may be, has occasioned functional disturbances independent of any complication.

The existence of cancer of the stomach, of pulmonary tubercles, or of diseases of the heart, all affections which may coincide with, or even precede, the cirrhosis, does not at all prevent the modification of the properties of the urine. In the last case only, if the infiltration of the cellular tissue is considerable, it may happen that a small quantity of albumen may be found in the urine.

If the case be complicated with Bright's disease, two circumstances may occur.

First, If the cirrhosis has preceded the morbid alteration of the kidneys, and if it has already arrived at an advanced stage, the urine will undergo the modification already described, only we shall find a considerable proportion of albumen.

Secondly, If, on the contrary, the two diseases are developed simultaneously, the change in the kindeys being always in this case more advanced than that of the liver, the result will be that the urine will present all the characters peculiar to the morbus Brightii. It is always extremely useful to examine the urine in cirrhosis of the liver, because the diagnosis of this disease is often difficult, and because; by combining the study of the changes in this liquid with the other symptoms of the disease, we shall possess a valuable sign which will contribute to enable us to recognise the disease.—*Ibid.*

URINE IN ACUTE NEPHRITIS.

M. Rayer sums up the changes produced in the disease as follows :—

1. The excretion of the urine is often very much diminished; it is even suppressed if the two kidneys are affected.

2. It contains a certain quantity of blood or of albumen.

3. It is but little acid, neutral, or alkaline.

4. It may contain pus in rare cases where a suppuration of the kidneys communicates with the pelvis; or, which is much more common, when the nephritis is complicated with inflammation of the mucous membrane of the urinary passages.—*Ibid.*

CASE OF SPONTANEOUS OBLITERATION OF THE AORTA, BY DR. JAMES DUNCAN.

A woman, aged thirty-two, after her confinement became affected with pains in the joints, enlargement of the glands in the groin on the left side, and enlargement of the saphena vein. These symptoms disappeared, but were followed by œdema of both legs, especially the left, on which a small ulcer formed; dysentery, cough, and debility. Five months after her confinement, strong pulsation could be observed in the lower part of the abdominal aorta; but no arterial pulsation could be detected in the left leg, and very little in the right. Subsequently the ulcer became gangrenous, and she died exhausted in seven months from the time of her delivery. Very extensive disease was found in the heart and lungs; but the chief point of interest was the state of the aorta, which, commencing about an inch above its point of bifurcation, was found to be completely closed by a pale yellowish-looking mass adhering to the lining membrane, and appearing like recently effused lymph. It was tinged with blood, and was more like coagulum as it passed into the iliacs. On the right side it passed about half an inch along the external iliac, leaving the internal free. On the left side it was traced to the commencement of the common femoral, and a short distance into the internal iliac. The vessels entering the inguinal artery were closed by similar clots, hard, and partially decolorised; beyond this the artery contained recent clots, and was considerably contracted.—*London and Edinburgh Monthly Journ. of Med. Sci.*

LITERARY INTELLIGENCE.

Preparing for immediate publication—"Hints on the Health and Disease of the Skin." By Walter C. Dendy.

TO CORRESPONDENTS.

Mr. Burnett's paper on bloodletting in insanity shall receive early insertion; its acknowledgment was accidentally omitted last week.

Dr. G. Calvert Holland's paper on dilatation of the bronchi, and *Mr. Storrs's* case of encysted stone, shall appear as soon as possible. The cases promised by the latter gentleman will be gladly received.

Juvenis.—No portion of the second volume is yet published.

We beg to acknowledge the receipt of a paper from *Dr. Ranking.*

⁂ Communications, journals, and books for review, to be forwarded (carriage paid) to the Publisher, 356, Strand, London. Letters connected with the Provincial Association, to Dr. Streeten, Worcester

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WEST NORFOLK and LYNN HOSPITAL.—In consequence of the Resignation of Mr. T. Masters Kendall, the Offices of House-Surgeon and Secretary will become vacant at Christmas next, and a special General Meeting of the Governors of the above Institution is hereby called to be held at the Town-hall, King's Lynn, on Tuesday, the 7th day of November, to appoint a Successor.

The House-Surgeon and Secretary resides in the Establishment, and receives a Salary of £50 a-year.

Candidates are required to send in their Testimonials, directed to Mr. Kendall, at the Hospital, on or before Saturday, the 28th of October.

D. GURNEY, Chairman.

MR. E. E. BARRON, Demonstrator of Anatomy, continues to give COURSES of PRIVATE MEDICAL TUITION, adapted to Students preparing for Examination at the College of Surgeons, Apothecaries' Hall, University of London, Army, Navy, and India Boards, Universities of Scotland, and College of Physicians, at his Residence and Class-room, 16, St. Thomas's-street East, Borough.

ANDERSON'S UNIVERSITY, GLASGOW. — MEDICAL SCHOOL.— SESSION 1843-44, to commence on Wednesday, November 1st. The following Lectures and Demonstrations will be delivered, daily, during Six Months:—

Anatomy—Dr. M. S. Buchanan.
Practical Anatomy—Dr. M. S. Buchanan.
Surgery—Dr. Laurie.
Chemistry—Dr. Penny.
Practical Chemistry—Dr. Penny.
Midwifery, and Diseases of Women and Children—Dr. Paterson.
Practice of Medicine—Dr. Hannay.
Materia Medica, Pharmacy, and Dietetics—Dr. Easton.
Theory of Medicine—Dr. Anderson.
Medical Jurisprudence—Dr. Crawford.

Fee for each Course, Two Guineas.

The University Museum, a magnificent collection of Specimens, including more particularly those of Zoology, Geology, Mineralogy, and Antiquities, is open to all Students attending the University. A valuable Medical Library is also atatched to the Medical School.

Certificates of attendance on the above Courses are received by the Universities of Oxford, Cambridge, London, Aberdeen, and St. Andrews; by all the Royal Colleges of Surgeons in Great Britain and Ireland; by the Faculty of Physicians and Surgeons of Glasgow; and by the Army, Navy, and East India Boards.

WESTMINSTER HOSPITAL.—SESSION 1843-4.

The Lectures will commence on October 3, when the Introductory Address will be delivered by Dr. Kingston.

Anatomy and Physiology—Dr. Hunter.
Descriptive and Surgical Anatomy—Dr. Hunter and Mr. Pennell.
Chemistry—Harman Lewis, M.A., Trin. Coll. Cam
Materia Medica—Dr. Basham.
Principles and Practice of Medicine—Dr. Hamilton Roe and Dr. Kingston.
Principles and Practice of Surgery—Benjamin Phillips, F.R.S.
Midwifery, and Diseases of Women and Children—Dr. Andrews.
Medical Physics—C. Brooke, M.B., Cantab.
Forensic Medicine—Dr. Frederic Bird, and W. Hodges, Esq., Barrister-at-Law.
Botany—Dr. Basham and Dr. Frederic Bird.
Practical Midwifery—Dr. Andrews.
Comparative Anatomy—Dr. Hunter.
A Course of Lectures, illustrative of some of the more important points in Surgery, by G. J. Guthrie, F.R.S.

CLINICAL LECTURES ON

Medical, Surgical, and Obstetric Cases, are delivered throughout both Sessions, by Dr. Hamilton Roe, Dr. Kingston, Dr. Basham, Mr. White, Mr. Lynn, Mr. Hale Thomson, Dr. Andrews, and Dr. Frederic Bird.

⁂ Perpetual Pupils of the School are eligible as Candidates for the offices of Resident House Surgeon, and of Resident Clinical Assistant to the Hospital, with Board and Apartments *free of all expense;* as also for the offices of Assistant House Surgeon and Clinical Clerk. Pupils of the Hospital, and not of the School, are also eligible as Candidates, but their election is subject to the payment of Eighty Guineas for the office of House Surgeon, and Forty Guineas for that of Clinical Assistant.

In addition to the Prizes given in the respective Classes, others will be awarded by Mr. White and Mr. Guthrie.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—Session 1843-44, commencing Monday, October 2:—

Theory and Practice of Physic—Dr. Macleod.
Theory and Practice of Surgery—Mr. Hawkins and Mr. Babington.
Clinical Medicine—Dr. Seymour and Dr. Nairne.
Clinical Surgery—Mr. Hawkins and Mr. Babington.
Anatomy and Physiology—Mr. Tatum and Mr. Henry James Johnson.
Descriptive and Practical Anatomy—Mr. H. J. Johnson and Mr. Henry Charles Johnson.
Materia Medica—Dr. Nairne.
Midwifery—Dr. Lee.
Medical Jurisprudence—Dr. Page.
Botany—Dr. Dickson.
Chemistry—Mr. Brande and Mr. Solly.

A Course of Lectures, illustrative of some important Parts of Surgery, will be delivered gratuitously to the Pupils of the Hospital, by Sir Benjamin C. Brodie, Bart.

The Introductory Address on the opening of the Hospital School, for the Session 1843-44, will be delivered by Sir Benjamin C. Brodie, Bart., on Monday, October 2, at One o'Clock, p.m., in the Theatre of the Hospital.

Further particulars and Prospectuses may be obtained by applying to the Porter of the Hospital; to the porter of the Hospital Museum; or at the Anatomical Theatre, in Kinnerton-street, Wilton-place.

KING'S COLLEGE, LONDON.—MEDICAL DEPARTMENT, 1843-44.—The WINTER SESSION will commence on Monday, the 2nd of October next, at Two o'Clock, p.m., with an Introductory Lecture, by Professor Partridge.

Descriptive and Surgical Anatomy—Richard Partridge, F.R.S.
Physiology, General and Morbid Anatomy—R. B. Todd, M.D., F.R.S.
Practical Anatomy is Taught in the Dissecting-rooms, by Mr. J. Simon and Mr. W. Bowman, F.R.S.
Chemistry—J. F. Daniell, F.R.S., and W. A. Miller, M.B.
Materia Medica and Therapeutics—J. F. Royle, M.D., F.R.S.
Medicine—George Budd, M.D., F.R.S.
Surgery—William Fergusson, F.R.S.
Midwifery, and Diseases of Women and Children—Robert Ferguson, M.D., and Arthur Farre, M.D., F.R.S.
Comparative Anatomy—T. Rymer Jones, F.Z.S.

SUMMER COURSES.

Botany—Edward Forbes, F.L.S.
Forensic Medicine—W. A. Guy, M.B.
Chemical Manipulation is Taught in the Laboratory, by Dr. W. A. Miller.

KING'S COLLEGE HOSPITAL.

The Hospital is visited daily at Half-past One o'Clock.

Clinical Lectures are given every week by the Physicians, Dr. Budd and Dr. Todd; and by the Surgeons, Mr. Fergusson and Mr. Partridge. The Physicians' Assistant and Clinical Clerks, the House Surgeon, and Dressers, are selected by examination from the Students of the Hospital.

Residence of Students.—A limited number of Students may be accommodated with rooms in the College, and some of the Professors receive students into their houses.

Any further information may be obtained upon application to the Dean of the Medical Department, or to the Secretary, at the College.

August, 1843. J. LONSDALE, Principal.

ST. THOMAS'S HOSPITAL.—The AUTUMNAL MEDICAL SESSION will commence on Monday, the 2nd of October, 1843.

Introductory Lecture—Mr. Grainger, at Two o'Clock.
Medicine—Dr. Marshall Hall and Dr. Barker.
„ the Exanthemata—Dr. George Gregory.
Surgery—Mr. Green and Mr. B. Travers.
Anatomy, General, and Physiology—Mr. Grainger.
„ Descriptive and Surgical—Mr. F. Le Gros Clark.
Chemistry—Dr. Leeson.
Materia Medica—Dr. Risdon Bennett and Dr. Wilks.
Midwifery, and the Diseases of Women and Children—Dr. Cape.
Diseases and Operations of the Teeth—Mr. E. Saunders.
Clinical Lectures, by the Physicians and Surgeons.

The SUMMER SESSION will commence in May.

Pathological Anatomy—Dr. Marshall Hall and Dr. Barker.
Ophthalmic Surgery—Mr. Mackmurdo.
Practical Chemistry, under the direction of Dr. Leeson.
Midwifery—Dr. Cape.
Forensic Medicine—Dr. Leeson and Dr. Risdon Bennett.
Botany—R. D. Hoblyn, A.M., Oxon.
Comparative Anatomy and Natural History—Dr. W. B. Carpenter, of Bristol.

Prospectuses, for further particulars of the Lectures and Hospital Practice, may be had by applying to Mr. Whitfield, resident Medical Secretary.

KING'S COLLEGE, LONDON.—MEDICAL DEPARTMENT.

RESIDENCE OF STUDENTS.—Rooms are provided in College for a limited number of Students. There are two classes of Rooms (all furnished), the rents of which vary from £21 to £35 per Annum.

DINING HALL.—Students resident in College are required to dine in Hall under certain regulations. Non-resident Students are also permitted to do the same.

RESIDENT MEDICAL TUTOR.—The Council has appointed George Johnson, M.D., to this office; it will be his duty to assist the Junior Students, resident as well as non-resident, in their studies.

Particulars may be obtained from the Dean of the Medical Department.

RICHARD PARTRIDGE, Dean of the Medical Department.
J. LONSDALE, Principal.
King's College, September 22, 1843.

MATERIA MEDICA, PHARMACY, and GENERAL MEDICAL INSTRUCTION, with EXAMINATIONS daily, by J. BARNES, M.D.

The LECTURES on the MATERIA MEDICA will commence on Monday, October 2, 1843, at Three o'Clock, p.m. Fee, £4 and £5.

The GENERAL LECTURES, &c., are delivered Daily, and intended for Gentlemen preparing for Examinations at Somerset-house or the Hall. Fee, £5 5s., excepting to those Gentlemen entering the above Course.

Apply at 32, Tavistock-place, Tavistock-square.

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—The WINTER LECTURES, in accordance with the regulations of, and qualifying for, the University of London, Royal College of Surgeons, Apothecaries' Hall, Army and Navy Medical Boards, and the London College of Physicians, will commence, as usual, Monday, October 2nd.

PROFESSORS OF THE SCHOOL—Mr. Dermott, Dr. Aldis, Dr. Harrison, Dr. Scoffern, Dr. Ryan, Mr. Clarke, Mr. Cooper, and H. P. Hinde, Esq., of the Inner Temple; the above Lecturers being duly recognised by all the Medical Boards in the United Kingdom.

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LONDON HOSPITAL MEDICAL and SURGICAL SCHOOL.

—Lectures will commence on Monday, October 2, 1843, at Half-past Two.

PRINCIPLES AND PRACTICE OF MEDICINE—Dr. Cobb and Dr. Little.
MATERIA MEDICA, &c.—Dr. Pereira, F.R.S.
MIDWIFERY, &c.—Dr. F. H. Ramsbotham.
CHEMISTRY—Dr. Pereira, F.R.S.
FORENSIC MEDICINE—Dr. F. H. Ramsbotham and Dr. A. Frampton.
ANATOMY AND PHYSIOLOGY—Mr. Adams.
SURGERY—Mr. Luke and Mr. Curling.
PRACTICAL ANATOMY—Mr. Adams and Mr. Critchett.
COMPARATIVE ANATOMY—Dr. Letheby.
BOTANY—Mr. Quekett, F.L.S.
ANATOMY OF THE TEETH AND DENTAL SURGERY—Mr. Craigie.
CLINICAL LECTURES—Dr. Gordon, F.R.S., Dr. A. Frampton, Mr. Scott, and Mr. Luke.

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—The Winter Session will commence on October 2.

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THEORY AND PRACTICE OF MEDICINE—Dr. C. J. B. Aldis and Dr. Klein Grant.
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Attendance on all the Lectures required by the Colleges of Physicians and Surgeons and the Apothecaries' Hall, Thirty-six Guineas (exclusive of Practical Chemistry); and for the University of London, Fifty Guineas.

For further particulars apply at the School, or to any of the Lecturers.

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ANATOMY, PHYSIOLOGY, AND SURGICAL ANATOMY—Mr. Lane and Dr. W. V. Pettigrew.
DESCRIPTIVE AND PRACTICAL ANATOMY—Dr. Pettigrew.
EXTRA DEMONSTRATIONS—Dr. Pettigrew and Mr. Cane.
CHEMISTRY—Mr. Rodgers.
MATERIA MEDICA—Dr. Lankester, F.L.S.
MIDWIFERY—Mr. Bloxam.
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SURGERY—Mr. Lane and Mr. Pilcher.
MEDICAL JURISPRUDENCE — Mr. Ancell and Mr. Warder.
BOTANY—Dr. Cooke, F.L.S.
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DENTAL SURGERY—Mr. J. Durancé George.
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Prospectuses and further particulars to be obtained at the School, No. 1, Grosvenor-place.

UNIVERSITY OF EDINBURGH.

SEPTEMBER 25, 1843.

THE SESSION will be publicly opened on Wednesday, October 31, at Two o'Clock, p.m., when an Address to the Students will be delivered by the Very Reverend John Lee, D.D., Principal. The Classes for the different Branches of Study in the Department of Medicine will be opened as follows:—

MEDICINE.

Dietetics, Materia Medica, and Pharmacy—Dr. Christison, 5, Randolph-crescent.
Medical Jurisprudence and Police—Dr. Traill, 18, Gloucester-place.
Chemistry and Chemical Pharmacy.
Surgery—Mr. Miller, 22, St. Andrew-square.
Practice of Physic—Dr. Alison, 44, Heriot-row.
Anatomy and Physiology—Dr. Monro, College.
Military Surgery—Sir G. Ballingall, 13, Heriot-row.
General Pathology—Dr. Henderson, 63, Northumberland-street.
Natural History—Mr. Jameson, 21, Royal-circus.
Institutes of Medicine or Physiology—Dr. Allen Thomson, 80, George-street.
Midwifery, and Diseases of Women and Children—Dr. Simpson, 22, Albany-street.
Clinical Medicine (Monday, Tuesday, Thursday, and Friday)—Drs. Alison and Graham, i
November; Drs. Christison and Traill, in February.
Clinical Surgery (Tuesday and Friday)—Mr. Syme, 9, Charlotte-square.
Botany—Dr. Graham, 62, Great King-street.

ROYAL INFIRMARY, at Noon, Daily.

Practical Anatomy (under the Superintendence of Dr. Monro), Wednesday, November 2.
Practical Chemistry and Pharmacy.

During the SUMMER SESSION, Lectures will be given on the following Branches of Education:—

Botany, by Dr. Graham.
Medical Jurisprudence, by Dr. Traill.
Clinical Lectures on Medicine.
Clinical Lectures on Surgery, by Mr. Syme.
Practical Chemistry and Pharmacy.

Matriculation.—Every Student in the Faculties of Arts, Law, and Medicine, before entering with a
Professor, must produce a Matriculation Ticket for the ensuing Session. Tickets will be issued at t
Matriculation Office in the College, every lawful day, from Ten till Three o'Clock. Enrolment in the Gener
Album is the only legal record of attendance in the University.

Library.—The Library will be open for the purpose of giving out Books to Students, either on loan or f
reference, in the Hall appropriated for that purpose, every lawful day during the Winter Session, from T
o'Clock, a.m., till Four o'Clock, p.m., except on Saturdays, when it will be shut at One o'Clock precisely.

Every Student applying for Books must present to the Librarian his Matriculation Ticket for the Sessio
with the Ticket of at least one Professor.

Every Book taken out must be returned within a fortnight, uninjured.

N.B.—Information relative to the Curricula of Study for Degrees, Examinations, &c., may be obtained
application to Mr. Gordon, at the College. A Table of Fees may be seen in the Matriculation Office, a
in the Reading-room of the Library.

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